CITY OF LIVERPOOL.

EDUCATION COMMITTEE.

REPORT

ON THE WORK OF THE

SCHOOL MEDICAL SERVICE

FOR THE YEAR

1938

BY

W. M. FRAZER, O.B.E., M.D., Ch.B., M.Sc., D.P.H.,
Barrister-at-Law,

Medical Officer to the Education Authority

(Received by the Education Committee, 22nd May, 1939.)

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APPENDICES :—

STAFF.

Medical Officer to the Education Authority.

W. M. FRAZER, O.B.E., M.D., Ch.B., M.Sc., D.P.H., Barrister-at-Law, (*Medical Officer of Health*).

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Senior Assistant School Medical Officers.

L. KINGSFORD, M.D., C.M., (*Retired* 31/8/38) D.P.H.

ETHELWYN M. WALTERS, M.B., Ch.B.

G. S. ROBERTSON, M.D., L.R.C.P., L.R.C.S., L.R.F.P.&S. (*Appointed* 1/9/1938).

Assistant School Medical Officers.

V. H. ATKINSON, M.B., Ch.B. (*To* 26/11/38) D.P.H.

A. T. BURN, M.B., B.S. (*From* 10/1/38).

G. S. CLOUSTON, M.D., Ch.B.

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S. HOWARD, M.B., Ch.B.

CLARICE HUGHES, M.B., Ch.B. (*From* 17/10/38).

F. P. IRVINE, M.B., Ch.B. (*From* 10/1/38).

B. S. JARVIS, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

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A. R. KENNEDY, M.B., Ch.B., M.R.C.S., L.R.C.P. (*From* 10/1/38).

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MARGARET G. ORMISTON, M.A., M.B., Ch.B.

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HONORA J. TWOMEY, M.D., Ch.B., D.P.H.

Senior School Dental Officer.

T. H. PARSONS, L.D.S., R.C.S.

Assistant School Dental Officers.

A. BREWER, L.D.S.

L. BROMLEY, L.D.S.

E. CROSBIE, L.D.S.

A. P. FINLAY, L.D.S., R.F.P.S. (*From* 25/4/38).

L. A. JONES, L.D.S.

F. C. LITTLETON, L.D.S.

J. W. MARTIN, L.D.S. (*From* 1/10/38).

G. E. NEVINS, L.D.S.

D. B. OWEN, L.D.S.

E. G. PRYSOR-JONES, L.D.S. (*To* 30/9/38).

J. E. ROBERTS, L.D.S. (*From* 1/9/38).

J. Tyson, L.D.S.

I. WILLIAMS, L.D.S. (*From* 8/8/38).

L. C. WINSTANLEY, L.D.S.

J. A. WOOD, L.D.S.

Part-time Specialist Officers.

W. Murray Cairns, C.B.E., M.D., C.M.
(*Certifying Officer for Physically Defective Children*).

A. Dingwall Fordyce, M.D., F.R.C.P. (Edin.)
(*Certifying Officer for Mentally Defective Children*).

W. E. Livsey, M.D., B.Ch., M.R.C.S., L.R.C.P. (Lond.).
(*Oculist*).

D. Rankine, M.B., Ch.B. (*Oculist*).
(*Also Oculist for Crown Street School for the Deaf.*)

Courtenay Yorke, M.D., F.R.C.S.
(*Surgeon to Tonsils and Adenoids Clinic and Surgeon i/c of Aural Scheme. Aurist for Crown Street School for the Deaf.*)

T. E. Jones, B.A., M.D. (*Anæsthetist at Tonsils and Adenoids Clinic*).

T. P. McMurray, M.Ch., F.R.C.S. (*Consulting Orthopædic Surgeon*).

B. L. McFarland, M.D., M.Ch.(Orth.), F.R.C.S. (*Orthopædic Surgeon*).

W. J. Eastwood, M.Ch.(Orth.), F.R.C.S. (*Orthopædic Surgeon*).

W. S. Diggle, M.B., Ch.B., F.R.C.S. (*Orthopædic Surgeon*).

Speech Therapist.

Miss E. Osmond.

Superintendent of School Nurses.

Miss M. L. Nickson.

Chief Clerk.

Mr. F. J. Geldart.

Also :—— 70 Whole-time school nurses.
4 Part-time school nurses.
2 Orthopædic nurses.
13 Clinic helpers.
5 Dental attendants.
34 Clerks.

EXPLANATION OF TECHNICAL TERMS USED IN THIS REPORT.

Blepharitis	Inflammation of the margins of the eyelids.
Caries	Decay of bone or teeth.
Conjunctivitis	Inflammation of the transparent membrane lining the front of the eye and the inner surface of the eyelids.
Cornea	The transparent part of the eye in front of the pupil.
Corneal opacity	An opaque condition of the cornea resulting from ulceration.
Corneal ulcers	Ulcers on the cornea or clear part in front of the eye.
Diastolisation	Massage of the nasal mucous membrane.
Granulations	Proud flesh.
Impetigo	Contagious sores with yellow crusts on, often associated with dirty and verminous conditions.
Intrathoracic Glands	Glands inside the chest.
Keratitis	Inflammation of the cornea.
Mastoid	The mastoid bone which lies immediately behind the ear, and communicates internally with it.
Membrana tensa	Lower part of the ear drum.
Mesenteric Glands	Lymphatic glands in the abdominal cavity.
Myopia	Short sight.
Orthopædics	Rectification of deformities in children.
Osteotomy	An operation involving the cutting of the bone.
Otitis media	Inflammation of the inside of the ear.
Otorrhœa	A discharge from the ear (running ear).
Pediculosis	Infection with lice.
Polypi	Growths hanging by a stalk.
Rhinitis	Inflammation of the mucous membrane of the nose.
Scabies	A contagious skin condition commonly known as "itch."
Scoliosis	A form of spinal curvature.
Spastic paralysis	A form of paralysis producing rigidity.
Talipes	Club-foot.
Torticollis	"Wry-neck."
Turbinate bones	Bones in the nose.
Tympanum	The middle ear cavity.
Zinc ionisation	A method of treating disease of the ear by means of a zinc solution applied electrically.

CITY OF LIVERPOOL.

EDUCATION COMMITTEE.

REPORT of the MEDICAL OFFICER to the Education Authority for the Year ended 31st December, 1938.

1. The Medical Officer submits herewith his Report on the work of the School Medical Service for the year 1938, which in the main, follows the lines laid down by the Board of Education. In submitting this Report the Medical Officer wishes to express to Dr. Gamlin, the Chief Assistant Medical Officer, his appreciation of his valuable assistance in its production.

2. There were during the year a considerable number of changes in the Staff, Dr. Kingsford and Dr. McHugh having retired and Dr. Atkinson having resigned. The following doctors joined the Staff: Dr. Burn, Dr. Irvine, Dr. Kennedy, Dr. Robertson, Dr. Kelly and Dr. Hughes.

Three additional appointments were made to the Dental Staff, namely, Mr. Finlay, Mr. Williams and Mr. Roberts, whilst one dental officer, Mr. Prysor-Jones, resigned, and the vacancy thus created was filled by the appointment of Mr. Martin.

Dr. Kingsford and Dr. McHugh retired, having reached the age for retirement. Both of these officers had devoted the greater part of their lives to the service of the Education Committee. Dr. Kingsford was the first medical officer appointed when the service was inaugurated in 1908. He took a keen and active part in developing the many activities which now exist for furthering the welfare of school children, and to him must be given much of the credit for so carefully working out the details of the sound scheme which the Committee have provided.

Dr. McHugh, before joining the School Medical Service, had considerable experience as a teacher in the Liverpool schools. Perhaps it was for this reason that, when she subsequently became a school medical officer, she so strongly emphasised the importance of enlightening the parents and thereby securing their co-operation in matters affecting the health of their children. She was a fluent and convincing speaker and accordingly was frequently asked by the head teachers to address parents' meetings.

3. The difficulty in obtaining school health visitors continues, and although several permanent appointments have been made there are still a number of vacancies which are being filled by temporary officers.

4. A new dental clinic was opened on the premises of the Mill Road Maternity and Child Welfare Centre, which enabled the Netherfield Road dental clinic to be closed, as this was no longer considered suitable for modern requirements.

As the work of the defective vision clinics had been falling somewhat into arrears, the medical officer's room at the Walton Clinic was fitted up for use as an eye clinic. The City may now be regarded as being well supplied with clinics, with the exception of the Anfield neighbourhood, where difficulty has been experienced in finding either suitable premises for adaptation or a site upon which a clinic could be built.

5. The School Medical Department has worked in close co-operation with the Juvenile Employment Bureau.

Provision was made under the National Health Insurance (Juvenile Contributors and Young Persons) Act, 1937, to enable insurance practitioners to obtain such particulars from the school medical records of any "young person" they had accepted for treatment, as may be necessary for their proper treatment.

The scheme operated from the 14th April, 1938, and during the year 331 applications were received from general practitioners for particulars from the school medical records relating to juvenile insured persons, all of which information was provided.

6. The classification of the nutrition of school children, as required by Memo. 124 of the Board of Education, was carried out throughout the year and from the medical officers' returns of their classifications it would appear that the nutrition of the school children had materially improved. The Medical Officer has, however, pointed out in previous Reports that clinical classification is far from infallible and statistics thus obtained cannot be regarded as strictly accurate. Nevertheless, these statistics, taken in conjunction with information from other sources, tend to show that the state of nutrition is undoubtedly gradually improving. The provision of the excellent mid-day meals and milk to many thousands of children has played a large part in improving the nutrition and general health of the children. Much thought has been given to devising an ideal dietary for the mid-day meals provided, and a theoretical analysis of the dietary is referred to on page 22.

7. The Education Committee has been fortunate in obtaining the co-operation of Professor Marchant, of Liverpool University, who has interested himself in the education of deaf children, with the result that a much improved type of amplifier for the teaching of the deaf has now been produced for use in the School for the Deaf.

8. In the latter part of the year the Board of Education published a valuable report, issued by a special committee which they had appointed to inquire into the problems relating to children with defective hearing, and the Medical Officer submitted a report to the School Medical Sub-Committee dealing with the recommendations of the Special Committee of Enquiry, so fan as they affected their School Medical Service. The School Medical Sub-Committee were gratified to find that they were already carrying out most of these recommendations, and expressed the desire that the Medical Officer should incorporate this information in his next annual report. The information submitted to the Sub-Committee has accordingly been included and appears on page 34.

9. The National Union of Teachers have issued an interesting and instructive booklet showing how the School Medical Service was initiated and developed and what part their Union have taken

in its initiation, conduct and development. In the preface to this booklet the following statement is made: "On the one hand there have been those members who have desired steps to be taken to remove burdens, regarded as unreasonable, which such services impose upon teachers; and on the other those who, impressed by the needs of the children and, indeed, of the nation, have called upon the Executive to press for extensions of those services in various directions." In this connection, whilst it is fully realised that active co-operation with the School Medical Department must, of necessity, mean a considerable addition to the many duties and voluntary activities which the head teachers are already undertaking, there can be no question but that they greatly appreciate its value. Experience has shown that the measure of success which the School Medical Service achieves is very largely dependent upon the personal influence of head teachers upon the parents and children, a truism which is borne out in an interesting report by one of H.M. Inspectors, extracts of which have been incorporated at the end of this Report as Appendix "D", page 141.

10. The Medical Officer would like to express his appreciation to all those medical and dental officers, who have so willingly given so much of their time to lecturing to parents and children and assisting at boys' clubs, etc.; in particular he would like to thank Dr. Atkinson, Dr. Clouston, Dr. Howard, Dr. Irvine, Dr. Power and Mr. Parsons. Apart from their routine duties, several of the medical officers have interested themselves in special subjects and have made certain valuable investigations, thus Dr. Burn interested himself in a new method of treatment for Scabies, Dr. Clouston commenced a survey of the incidence of defective colour vision, and Dr. Kennedy investigated the relationship between certain types of sores and diphtheritic bacilli.

The Medical Officer is indebted to the Director of Education for information supplied with regard to certain sections of this Report relating, in particular, to the work in connection with the Special Schools, Provision of Meals, and Juvenile Employment.

11. The complete statistical tables required by the Board of Education concerning the work carried out appear in Appendix "A" and Appendix "B", but a summary of the work undertaken, together with certain other information, is here given.

CITY OF LIVERPOOL.

GENERAL STATISTICS.

Estimated Population	864,000
Area, in acres...	27,321
Density of population, per acre	32
Number of Public Elementary Schools	200
Accommodation	162,043
Average number on rolls	129,698
Average attendance	116,013 (89·5%)

GENERAL SUMMARY OF WORK CARRIED OUT.

1. By School Medical Officers :—

(a) Medical Inspections :

	Public Elementary Schools.	Higher Schools.	Special Schools.	Nursery Schools.	Junior Instruction Centres.	Totals.
Routine Inspections	40,140	8,931	385	408	—	49,864
Special Inspections	67,109	319	49	37	2,265	69,779
Re-inspections ...	130,742	7,321	1,325	119	1,264	140,771
Total Inspections	237,991	16,571	1,759	564	3,529	260,414

(b) Treatment carried out :

Cases of miscellaneous minor ailments	32,913
,, ,, skin diseases	5,087
,, ,, eye diseases	3,379
,, ,, ear diseases	3,223
Total	44,602

2. By Specialist Officers :

Treatment carried out :

(a) No. of cases operated upon at Tonsils and Adenoids Clinic ...	1,247
(b) ,, ,, ,, dealt with by Surgeon at Orthopædic Clinics... ...	1,132
(c) ,, ,, ,, of defective eyesight treated by Oculists at Clinics or own rooms	6,842
(d) ,, ,, ,, treated by X-rays	20
(e) ,, ,, ,, dealt with at Aural Clinics	1,357
Total treated by Specialists	10,598

3. By School Dental Officers :—

Elementary School Children treated at Clinics	29,985
Special and Approved School Children treated	885
Maternity and Child Welfare cases treated	394

List of School Clinics showing the Treatment carried out.

	Treatment Carried Out.						
	Aural.	Cleansing.	Defective Vision.	Dental.	Minor Ailments.	Ortho-pædic.	Tonsils and Adenoids
Balfour Institute ...	...	...	...	...	X	...	...
Burlington Street ...	...	...	...	X	...	...	...
Clifton Street, Garston ...	...	X	X	X	X	...	...
Dingle House	...	...	...	...	...	X	...
Dovecot	...	...	X	X	X	...	...
Eldon Place	...	X	...	...	...	...	...
Everton Road	X	X	X	X	X	X	...
Fazakerley	...	...	...	X	X	...	...
Moss Street	...	...	...	...	X	...	...
Netherfield Road (Closed July, 1938) ...	...	...	...	X	...	...	...
Norris Green	X	X	X	X	X	...	...
North Corporation ...	X	...	...	...	X	...	...
North Dispensary ...	...	...	...	...	...	...	X
Northumberland Street	...	...	...	X	X	...	...
North Way	...	...	...	X	...	...	...
Old Swan	...	...	...	...	X	...	...
Smithdown Lane (Closed April, 1938) ...	...	X	...	...	...	...	...
South Dispensary ...	...	X	...	...	...	...	...
St. Anne Street	...	...	X	...	...	...	...
Sugnall Street	...	...	...	X	X	...	...
Walton	...	...	X	X	X	X	...
Westminster Road ...	...	...	...	...	X	...	...

Note.—A cross indicates the activities carried out at the respective clinics.

NUTRITION.

12. As required by the Board of Education, the school medical officers have assessed the nutrition of all the children whom they fully examined as routine cases during the year, their nutrition being classified either as "Excellent", "Normal", "Slightly sub-normal", or "Bad". The table showing the results of this classification appears in the Appendix to this report as Table II (B) on page 102.

13. In the Annual Report of the Chief Medical Officer of the Board of Education for 1937, it is shown that, taking the findings of the school medical officers for the country as a whole for that year, 88·8 per cent. of the children were regarded as having excellent or normal nutrition, and 11·2 per cent. as slightly sub-normal or bad.

14. The findings of the Liverpool school medical officers for the year 1937 were almost identical with the Board's figures. For the current year, however, the Liverpool figure for the group "Excellent and Normal" is approximately 93·7 per cent., whilst the figure for "Slightly Subnormal and Bad" is 6·3 per cent. If these figures can be accepted as accurate, they show a very considerable improvement in the nutrition of the children examined during 1938, as compared with the children examined during 1937, but, as has been pointed out in previous annual reports, there is no reliable standard whereby an accurate assessment can be made, and the clinical assessment of nutrition is not very reliable.

It is possible, therefore, that this improvement, as shown by the statistics, may be, wholly or partly, due to some errors in clinical assessment. If such be the cause of the considerable improvement recorded, it is quite possible that in some future year, for the same reason, an apparent setback in the state of nutrition might possibly have to be reported.

It was thought that the improvement recorded might possibly be due to some of the newer medical officers adopting a lower standard of normality than their more experienced colleagues. Accordingly the returns of all the medical officers were separately examined and all but two of these shewed an all-round improvement.

The school medical officers were also asked as to whether, in their opinion, they considered there had been some improvement in the nutrition of the children examined during the year, as compared with the children they had examined during 1937, and the majority were definitely of the opinion that the nutrition of the children had improved. Several of the medical officers also stated that some of the head teachers had commented on the improved nutrition of the children in their schools.

15. Further evidence in support of a real improvement in nutrition is shown by reference to the following table, which gives the average heights and weights of the children attending certain representative schools in which the heights and weights have been consistently recorded for a number of years.

Table 1.

Physical Measurements in Representative Schools.

Heights (in inches).

Age.	1909.	1921-1925.	1934-1936.	1937.	1938.
BOYS.					
5 years	40·2	41·1	42·0	42·2	42·3
8 ,, ...	—	47·3	48·3	48·4	48·6
12 ,, ...	54·3	54·0	55·2	55·4	55·8
GIRLS.					
5 years	39·5	40·9	41·6	41·9	42·0
8 ,, ...	—	46·9	48·1	47·6	48·3
12 ,, ...	55·0	54·4	56·1	56·5	57·0

Weights (in lbs.).

Age.	1909.	1921-1925.	1934-1936.	1937.	1938.
Boys.					
5 years	36·7	39·5	39·7	39·7	40·1
8 ,, ...	—	51·8	52·9	54·0	53·6
12 ,, ...	70·3	71·6	74·1	75·8	76·1
Girls.					
5 years	36·9	38·6	38·2	38·8	39·7
8 ,, ...	—	50·5	51·8	52·7	52·9
12 ,, ...	72·5	72·8	77·8	79·6	80·7

These figures show not only a remarkably steady gain in the heights and weights over those first recorded when medical inspection was commenced, but also an actual further improvement over the figures recorded for the year 1937.

Nutrition Surveys.

16. Full nutrition surveys have been carried out in 61 schools in the poorer neighbourhoods, at the time of the routine inspections of these schools.

At such surveys the school medical officers pass under general review all the children in attendance, and select for detailed examination children whose nutrition does not appear to them to be obviously normal, after which examination they recommend to the School Meals Department cases suitable for the provision of milk or meals or both.

In those schools in which full nutrition surveys are not undertaken, the school medical officers specially examine, from the point of view of nutrition, only those children who are already in receipt of meals or milk, and any other children brought forward by the head teachers as possibly being cases of subnormal nutrition.

At the nutrition surveys, which were carried out in the 61 schools, it was found that out of 45,900 children examined, 9,845 (21·45 per

cent.) were already in receipt of free milk, 268 (·58 per cent.) free meals, and 4,206 (9·16 per cent.) both free meals and milk.

The average attendance in these schools was nearly 46,000, which is equivalent to 38·8 per cent. of the total average school attendance in the City,

In addition to these children, there were also 1,823 (18·0 per cent.) children who were paying for milk supplied daily under the Milk Marketing Board's Scheme.

As a result of the surveys, 101 additional children were recommended for free meals, 107 for free meals and milk, and 1,092 for free milk, whilst in 2,012 instances the medical officers reported that, on medical grounds, the provision of free meals, free milk, or both, was no longer considered necessary.

17. In the schools in which a full nutrition survey was not carried out, 1,239 children were recommended for free milk, or free meals, or both, in addition to those who were already having these. In 2,117 instances the medical officers reported that on medical grounds the continuance of the free meals, free milk, or both was no longer considered necessary.

PROVISION OF MEALS AND MILK.

18. Dinners were provided on every day, except Sundays, throughout the year to children attending from 172 of the public elementary schools. The highest number of individual children who were provided with such meals during any one week was 12,344.

During the December month it was estimated that 9·6 per cent. of the elementary school children were receiving free meals, as compared with the figure of 7·4 per cent. and 4·2 per cent. for the previous two years.

Particulars of cases recommended for free meals by the school medical officers or head teachers are forwarded to the Director, and the parents are then asked to complete forms giving particulars of the family circumstances for the information of the Meals (Rota)

Sub-Committee. At each visit to a school the medical officers inspect all children who are in receipt of free meals or milk.

19. The meals are cooked at the Central Cooking Kitchen, from where they are transported, in jacketed metal containers, by means of seven motor vans to 31 dining centres and five of the special schools.

The following additional dining centres were opened during the year:—

Premises owned by the City Council.

White House, Out Lane, Woolton.
St. Andrew's Gardens, St. Andrew Street.
Penrhyn Street Council School (Hall).
Warwick Gardens, Warwick Street.

Premises rented by the Education Committee.

Mission Hall, Upper Stanhope Street.
Whitefield Road Methodist School.
St. Dunstan's Hall, Earle Road.

The centres opened at St. Andrew's Gardens and Warwick Gardens are situated in municipal housing tenements erected in the older parts of the City. The former has taken the place of the Oldham Street dining centre and the latter has taken the place of the Northumberland Street dining centre, the accommodadation in these buildings being required for Junior Instruction Centre purposes.

20. Milk was supplied at the schools during term time under the "Milk Club" scheme drawn up by the Milk Marketing Board and adopted by the head teachers of the schools. **Milk Scheme.**

The source and quality of the milk issued to the children must be approved by the Medical Officer of Health. Pasteurised milk only is permitted.

The following table gives the figures relating to this scheme, and for the purpose of comparison the corresponding figures for the previous year are also shown.

	1938.	1937.
Total number of bottles of milk issued free of charge	6,278,272	5,234,471
Highest number of individual children provided with free milk...	33,989	29,426

DIETARY ANALYSIS.

21. If proper growth is to take place and a state of satisfactory nutrition maintained, there must be provided in the dietary adequate amounts of certain food constituents in appropriate proportions. Apart from water, there are five classes of food substances, all of which are necessary for healthy nutrition, namely, proteins, fats, carbohydrates, mineral salts and vitamins.

It may quite reasonably be assumed that there are very few children who are persistently hungry through not getting sufficient food, since appetites can be satisfied by cheap sources of food. There are, however, large numbers of children who are not properly nourished through not partaking of the right types of food.

Experience teaches mothers, whose incomes are limited, that their children's appetites can be satisfied most cheaply by the purchase of carbohydrate foods, rather than by purchasing the more expensive food materials, such as meat and fish, better grades of fat, such as butter, and fresh vegetables which many mothers consider to be of little food value. The poorer children, as a whole, can be considered to be suffering from a partial deficiency of "first class proteins", animal fats, vitamins and salts in their diets.

The dietary for the mid-day meals which the Committee provide has been devised collaborately by the medical department and Miss Graham, the Supervisor of Meals. Bearing the above axiom in mind, the aim has been to include in the meals provided all those essential food constituents which are considered to be largely lacking in the meals which the children partake of in their own homes.

There has, of recent years, been considerable discussion as to what are the daily requirements of the average man as regards the total intake of foods and the proportions in which such foods should be taken in the forms of protein, fat and carbohydrate. It has now been generally agreed that the amount of fats should be 100 grammes and carbohydrates 500 grammes. There has, however, been some variance of opinion as to the total amount and respective types of the protein which should be supplied daily. The Ministry of Health Committee on Nutrition stated that 100 grammes should be taken, of which 37 grammes should consist of so-called " first-class " protein; the British Medical Association Committee on Nutrition advocated the same total protein but, that 50 grammes of it should be " first class " protein; while Hutcheson and Mottram have given 80 grammes as the total requirements, of which 37 grammes should be " first class ". By " *first class* " protein is meant protein of an animal nature, such as is contained in meat, liver, milk, cheese, etc., as compared with protein derived from vegetable sources. This type of protein is very important from the point of view of growth and nutrition.

22. The daily food requirements of children are, according to their ages proportionably less than that of the average man. As the average age of the children recommended for free meals is about 9 or 10 years, in estimating such children's daily requirements the above figures quoted for an adult man's daily requirements must be modified by multiplying by ·7, which is the generally accepted figure for such a modification. It is clearly impracticable to give all children, according to their respective ages, their appropriate weighed amounts of food; in practice the older children are accordingly given larger helpings than the younger children. The adjustment referred to will give the following daily requirements of children of 9-10 years of age as considered respectively by the two representative bodies and Hutcheson and Mottram:—

Table 2

	Protein.	Fat.	Carbohydrate.
	Grammes.	Grammes.	Grammes.
Ministry of Health	70 (26 1st class) (44 2nd class)	70	500
British Medical Association ...	70 (35 1st class) (35 2nd class)	70	500
Hutcheson and Mottram	56 (26 1st class) (30 2nd class)	70	500

23. Since the opening of the new central kitchen in 1937 a great deal of experimental work has been carried out with the object of devising meals, which will not only be palatable, but will also comply with the ideal, as far as is possible, from the nutritional point of view, and minor considered improvements still continue to be carried out. In order to avoid monotony in the meals a three weeks' dietary has been drawn up, which is modified somewhat in the summer months by the inclusion of such articles of food as cannot be obtained in the winter months.

24. A two-course meal is given, the first course consisting of a meat or fish dish together with at least two vegetables, the second course consisting of rice (unpolished), sago or other pudding, and sometimes fruit.

The following are the meals given in one of the weekly diets:—

MONDAY ...	Beef Stew (beef, onion, carrots, turnips, peas), Potatoes. Sultana Pudding.
TUESDAY ...	Roast Beef, Cabbage, Potatoes. Sago Pudding.
WEDNESDAY ...	Sausage, Turnips, Potatoes. Golden Suet Pudding with Syrup.
THURSDAY ...	Liver and Beef Stew (liver, beef, leeks, carrots), Potatoes. Raisin and Currant Pudding.
FRIDAY	Fish Cakes (salmon, or cod, or herring), Tomatoes, Potatoes. Currant Suet Pudding.
SATURDAY ...	Cottage Pie (beef, onions, carrots, turnips), Potatoes. Bananas.

25. At the time of writing this Report an investigation was made into the theoretical composition of the three weeks' dietary then in force, for the purpose of ascertaining the average composition of the daily meal. The points investigated were the amounts of protein (first and second class), fats and carbohydrates (measured in grammes), and the amounts of calcium and phosphorus (measured in grammes), and iron (measured in milligrammes). It was not possible to make a quantitative estimate of the vitamin contents, but they were carefully considered from the theoretical point of view.

The analysis of the dietary shews that the average composition of the meals supplied by the Education Committee at their dining centres contains approximately 24·2 grms. of protein, of which 16·6 grms. are of the " first class " type, 28·2 grms. of fat all of which is practically supplied from animal sources, and 90 grms. of carbohydrate. Almost every child (95 per cent. at the time of investigation) then in receipt of free meals was also receiving free milk at school, some $\frac{1}{3}$ pint and some $\frac{2}{3}$ pint daily. If this third of a pint of milk be included as being part of the meal, it gives as the total protein supplied 30·4 grms., of which 22·8 grms. is of " first class " grade. It will be noted that this figure of 22·8 grms. of "first class " protein provided in the mid-day meal approximates closely to the figure of 26 grms. given as the *daily total* by the Ministry of Health and Hutcheson and Mottram, and it also compares very favourably with the figure of 35 grms. for a *full day's* requirements as recommended by the British Medical Association. So far as the fats are concerned, if the $\frac{1}{3}$ pint of milk be taken into consideration 35 grms. are supplied, which represents half the full day's requirements.

In an endeavour to secure that the complete daily diets of the children concerned shall be reasonably balanced, the carbohydrate constituents supplied in the mid-day meal have been purposely kept down, since the children can be assumed to be obtaining at least a sufficiency, and indeed in some cases even an excess, of carbohydrates in the meals which they receive at home.

In the matter of the mineral constituents of the dietary the more important salts to take into consideration are those of calcium, phosphorus and iron. The optimum daily requirements for the two former being regarded as 1 gramme of each, whilst the theoretical daily requirement of iron is 12 milligrms. It has been estimated that the mid-day meal, plus the third of a pint of milk, supply ·3 grms. calcium, ·6 grms. phosphorus and 7·5 milligrms. of iron.

It is not possible to give any figures as to the vitamin requirements, the more important of which are known as A, B, C, D and E, but it may be stated that in the construction of the dietary careful attention has been given to ensure the inclusion of those substances which are known to contain these vitamins. In this connection, it might be mentioned that the greatest difficulty was experienced in finding suitable food materials to supply an adequacy of vitamin D, and experiments are being continued with the object of still further supplementing this vitamin constituent to the dietary.

DENTAL INSPECTION AND TREATMENT.

26. The following Table shows the work carried out under the Dental Scheme for children attending the public elementary schools, together with the corresponding figures for the previous two years :—

Table 3.

	1936.	1937.	1938.
Number of children examined in school	71,872	73,620	71,711
Number of children requiring treatment	59,334 (82·5%)	59,470 (80·7%)	58,057 (80·8%)
Number of cases accepting treatment under the Dental Scheme	23,462 (39·5%)	27,380 (46·0%)	32,265 (55·6%)
Number of cases treated	22,720	25,293	29,985
Number of schools concerned	124	136	131

The outstanding feature of the School Dental Service has been the considerable improvement in the proportion of parents who have accepted the offer of clinic treatment for their children during the year. Attention has been drawn in previous reports to the fact that for some years an upward trend in this direction has been noticed, but in the last two years the acceptance rate has increased by no less than 16 per cent. Such an increase in itself requires the services of six whole-time dental officers to deal with the new cases thus introduced, but, during this period, it has been found possible to appoint only four more officers for this purpose.

The work has, therefore, fallen into arrears, and the interval between routine inspections at the schools has extended beyond that period of twelve months which is the maximum which should not be exceeded in any scheme devised for the preservation of the permanent teeth.

It is unfortunate that, owing to the inadequate dental staff, this large increase in the acceptance rate has resulted in a delay in treating a number of children who have been regular attenders in the past, but who, in consequence of this delay, may now have to suffer the extraction of teeth which might have been saved by earlier treatment.

Decay of the teeth, unlike many other physical defects which are encountered amongst children, is not as yet a preventible disease. It is likely, to some extent, to recur year after year in the mouths of all children whether the teeth are looked after or not, although it is true to say that in dirty and neglected mouths more teeth will be involved in decay, and its progress will be of greater rapidity. The most that school dental officers can hope to achieve is, by regular treatment and the inculcation of habits of cleanliness, to limit the scope of the disease and, if treatment can be applied sufficiently early, to repair the damage that has been done since the last visit to the clinic. Thus it can be seen that continuity of treatment is an essential feature of a school dental service, and, furthermore, that any scheme which does not

permit of at least the annual treatment of each child is bound to fail in its purpose, namely, the preservation of the teeth. If the dental staff, therefore, is inadequate to offer treatment once per annum to all the children coming within the orbit of the School Medical Service, some form of limitation of the scope of the service becomes desirable.

In Liverpool it has been the practice only to include within the scheme sufficient schools to provide the number of children that can be treated regularly each year with the existing staff and to make no attempt to provide treatment for the children at the remaining schools. In consequence, although additional schools have been added from time to time as the staff has been increased, there are still 16 schools which have not yet been included within the Committee's scheme of clinic treatment. This method of restriction ensures the greatest good for the greatest possible number of children, but, as has been shown, a substantial increase in the acceptance rate, unless offset by the appointment of additional staff may, to some extent, adversely affect the teeth of the children who in previous years had attended for regular treatment whenever advised.

In order that any hardship to the children attending the schools not yet included within the general scheme might, as far as possible, be mitigated, the Committee in 1937 entered into an arrangement with the Dental Hospital authorities whereby children who are ineligible to attend the clinics but whose parents are anxious for them to receive treatment may be referred for treatment at the Dental Hospital, at an agreed charge of 3s. for each child. This fee is paid by the Committee, and parents who can afford to do so are asked to contribute towards it as in the case of clinic treatment. Under this arrangement 604 children received treatment at the Dental Hospital during the year.

The disadvantage of such an arrangement is that no routine dental examination of the children takes place, the initiative in obtaining treatment resting with the parents. In consequence, no

action is, as a rule, taken by the parents until the children commence to suffer pain, by which time the teeth have, in many cases, become unsaveable.

27. In order to compare the results achieved by the scheme providing, on the one hand regular dental inspection, followed, if necessary, by treatment at a school clinic, and on the other hand, the system whereby dental treatment is only given at the Dental Hospital upon application by the parent, an investigation was carried out.

Two schools were selected by Mr. Parsons, the Senior School Dental Officer, for this purpose, one which has been included within the dental scheme for many years, the other a school which has not yet been included, but from which a large number of applications for treatment at the Dental Hospital have been received. In order to assess the value of the dental scheme in providing the opportunity for children to attain the school leaving age with healthy mouths and an efficient dentition, the investigation was confined to children of 13 years of age and upwards. The survey of the mouths was carried out by Mr. F. C. Littleton, L.D.S., and the results, which proved to be of considerable interest, may be tabulated as follows:—

	School "A" (Clinic School)	School "B" (Non-Clinic School)
Sound permanent teeth per child ...	22·9	21·31
Decayed but saveable	1·7	2·9
Decayed and unsaveable	0·7	1·39

The children at School "A" will, during the year, be offered their last annual treatment before leaving school. It may be assumed that all the necessary treatment will be carried out for these children, whereas those at School "B" will merely have

their unsaveable teeth removed. The relative position at the school-leaving age would then be:—

	School "A" (Clinic School).	School "B" (Non-Clinic School).
Sound permanent teeth per child ...	24·6	21·3

Superficially it may appear that the difference between these figures is slight, but it should be borne in mind that in the great majority of the cases the decayed teeth are the permanent molars which can only function in opposing pairs and the loss of one of which is, from the point of view of dental efficiency, equivalent to the loss of two. The children at School "A" will, therefore, have the opportunity of leaving school with a masticatory apparatus at least 50 per cent. more efficient than that which is likely to be found amongst the children at School "B", although these latter can by no means be described, from the standpoint of parental care, as dentally neglected children.

28. In the early part of the year the effect of the increase in the acceptance rate was felt most acutely in the Everton Road centre where, owing to the large number of schools in the area, and the fact that the dental surgery is at times used also as an eye clinic, the work fell seriously into arrears. Accordingly the Maternity and Child Welfare Sub-Committee was approached for permission to make use of the vacant dental surgery in the Everton Road Maternity Centre for the treatment of school children. Permission having been obtained, the surgery was equipped and opened as an additional school dental centre in August, 1938.

This arrangement has very materially reduced the pressure upon the old Everton Road Centre and has enabled the children attending schools in that area to be dealt with much more promptly than heretofore.

EAR, NOSE AND THROAT CONDITIONS.

29. Mr. Courtenay Yorke reports as follows:—

Mr. Yorke's Report re Aural Clinics.

"Cases attending the Aural Clinics fall mainly into three groups, and a review of the year's work might therefore, with advantage, comprise a few observations on each of these groups of cases.

(1) Cases with Uncomplicated Middle Ear Suppuration.

These cases give very good results, especially if of recent origin, when continuity of skilled treatment can be provided. The routine treatment adopted consists of the following sequence, viz., gentle syringing—drying out—mopping out with 1% picric acid in 50% alcohol—drying out—insufflation with 1% iodine in boric acid. In order that uniform methods shall be in use throughout the school medical service all the school medical officers in charge of the minor ailments clinics have, during the year, visited an aural clinic, and discussed with me the approved technique.

(2) Cases with Complicated Middle Ear Suppuration.

This group includes cases with (*a*) polypi, (*b*) granulations and (*c*) attic perforations. For obvious reasons the results of treatment are not very good in this class, but, although dry ears are infrequently obtained, treatment often reduces discharge and leads to much improvement. We persevere particularly with these cases as we feel very reluctant to send children to hospital for the radical mastoid operation, which so often fails in stopping the discharge, whilst further impairing the hearing.

Polypi are removed with small forceps especially made, to my design, with fenestrated ends. For granulations we continue to use the caustic-cautery method described in last year's Report. This consists in applying a moderately-heated cautery point, moistened with concentrated sulphuric acid to the granulations. It is very exact in application and most efficient in action, depending on the strongly intensifying action of heat on sulphuric acid.

Attic perforations and small perforations in the membrana tensa have been, in about a score of cases, enlarged under gas, some

by mechanical means and others by the actual cautery. When the actual cautery is used some special means is required to blow away the smoke, which would otherwise completely obscure the view. The method we employ for this purpose consists in using a small metal tube soldered to the outside of the speculum. The lower end of this tube pierces the speculum, while to the upper end a length of rubber tubing is attached, through which the operator blows. In a few cases excellent results have been obtained by using the actual cautery in this way.

(3) **Cases with Chronic Nasal Catarrh.**

Although these cases may not be associated with middle ear deafness, they attend the aural clinics for treatment, and by this provision the Tonsils and Adenoids Clinic and the Aural Clinic together are competent to cope with nearly all ear, nose and throat affections in the school child.

The cause of chronic nasal catarrh is often obscure, but I believe that faults in diet and clothing, and unfavourable conditions in the home are potent factors. Printed and verbal instructions concerning food and general hygiene are given to parents in these cases.

30. At the clinic the usual treatment is diastolisation and, occasionally, swollen turbinates are cauterized. The children are also instructed in proper breathing and blowing of the nose.

Very few instances of undoubted sinus infection have been found, but obstructed breathing from deflections of the septum is very common."

The following Table gives the types and numbers of cases treated at the aural clinics:—

Table 4.

AURAL CLINICS.

(A) Number of children who attended for examination and treatment 1,357

Total number of attendances at Clinics 7,127

Defect.		Children.	Ears.	Cured.	Totals. No. of Children.	Totals. No. of Ears.
External Ear Conditions.						
Impacted wax		65	77	—	96	108
Other conditions		31	31	—		
Cured		74	83	77%		
Failed to complete treatment		11	—	—		
Middle Ear Conditions						
Suppurating otitis media—acute		113	136	—	758	959
Chronic simple tympanic sepsis		399	513	—		
Chronic conditions with complications		246	310	—		
(a) Granulations	218					
(b) Polypi	81					
(c) Attic suppuration	9					
(d) Old mastoid trouble	31					
Special Treatment given.						
1. Removal of granulations and polypi	261					
2. Operations under nitrous oxide gas—mostly for enlargement of perforations	13					
3. Zinc Ionisation	71					
4. Referred to hospital for radical mastoid operation	9					
Total middle ear conditions cured		347	416	43%		
Failed to complete treatment		202	—	—		
Condition quiescent—No treatment required		—	—	—	162	—
Hearing Defects		—	—	—	158	—
Cured		54	—	34%		
Improved		42	—	26%		
Not improved		41	—	—		
No special treatment required		21	—	—		

(B) A considerable number of children who are included in the above table were also found to have some associated nose or throat conditions, whilst others were referred to the aural clinics merely for treatment for nose or throat conditions and the following is a summary of the defects found and the treatment given in these conditions:—

Chronic nasal catarrh—treated by diastolisation and advised re breathing exercises and home treatment	290
Enlarged tonsils and adenoids—operation advised...	25
Atrophic rhinitis treated	5
Turbinates cauterised	13
Nasal polypi removed	2
Other defects treated	6
No defect found	19
Total ...	362

Tonsils and Adenoids Clinic.

31. At the routine examinations of the public elementary school children, the number found to require treatment for unhealthy tonsils or adenoids was 1,029, which represents a percentage of 2·56 of the children examined.

Apart from the cases discovered at the routine examinations, 504 other children were found to require treatment for one or both of these conditions. In cases where the school medical officers are uncertain whether or not to recommend operative treatment, arrangements are made for them to be seen at the clinic by the specialist. Altogther, 707 of these doubtful cases were referred to him during 1938, and in 381 cases an operation was advised.

The treatment was carried out at the Committee's clinic at the North Dispensary, Vauxhall Road, which was opened on 113 occasions during the year. The total number of cases treated was 1,247, which number included 14 cases from the Special Schools, 7 from the Higher Schools, and 1 Nursery School case.

The operations were as follows:—

Tonsils only	882
Adenoids only	118
Tonsils and Adenoids	247
	1,247

32. Mr. Yorke reports:—

Mr. Yorke's Report re Tonsils and Adenoids Clinic.

"The Chief Medical Officer to the Board of Education, in the last Annual Report, once again exclaims against the excessive number of tonsil and adenoids operations. I am fully in accord with this protest, and at the Liverpool Clinic I have always adopted a most conservative policy. This is shown by the fact that in Liverpool, for many years now, the ratio of the number of operations to the total school attendance has been considerably less than that in the country as a whole. I would, indeed, go further than the Chief Medical Officer, in contending that not only are too many tonsil and adenoid operations performed, but that there are far too many combined operations, i.e., operations which include in their scope, at the same time, both tonsils and adenoids.

From Table VI in the Appendix to the Annual Report of the Chief Medical Officer of the Board of Education it has been estimated that in 1937, throughout England and Wales, some 80 per cent. of the tonsil and adenoid operations were combined ones. In my opinion such figures are only possible on the assumption that very many operations, required for the removal of unhealthy tonsils, were concluded by curetting the naso pharynx, and this, almost as a routine procedure and often when only very small adenoids existed.

I believe this mistaken and harmful action results from the erroneous view that tonsils and adenoids are so closely inter-related that if the one be condemned the other must *ipso facto* be at fault. This is, of course, emphatically not so, and it is my experience that the symptoms for which tonsil and adenoid operations are required attach themselves, in the majority of cases, to the one or other solely, so that the need for the combined operation is less frequent than for single ones.

Adenoids very often occasion no symptoms and should not, in my view, be removed unless considerably overgrown or causing obstruction to breathing or deafness. There are innumerable instances of chronic nasal catarrh which are not due to adenoids,

and in such cases an adenoid operation may aggravate the condition, whilst also occasioning a risk of middle ear infection.

There is nothing of especial importance to report on the past year's work at the Liverpool Tonsil and Adenoid Clinic. Careful enquiry and examination precede operation in every case, and risks are reduced to a minimum by the use of nitrous oxide anaesthesia and by the early detection of haemorrhage and its prompt arrest by the use of special compression clamps. No untoward incident marred the year's work."

After operation, the children are retained in a ward at the clinic, under the supervision of the Resident Medical Officer, who is responsible for certifying their fitness for discharge. On the discharge of the children, the parents are given both verbal and printed instructions regarding after-care, and one of the clinic nurses visit the home of each case subsequently on one, or, if necessary, more occasions in order to see that the children are progressing satisfactorily and that the parents are carrying out the instructions.

Scheme for the Prevention of Deafness.

33. In 1934, the Board of Education appointed a Committee of experts to "enquire into and report upon the medical, educational and social aspects of the problems attending children suffering from defects of hearing not amounting to total deafness". The terms of reference to this Advisory Committee were to enquire into:—

The best means of systematic ascertainment of children suffering from defective hearing;

The otological standards for determining which children need special educational provision other than admission to a school for the totally deaf;

The types of defective hearing occurring in children, and their causation;

The prevention and treatment of defective hearing;

The value of electrical aids for deafened children;

The type of special educational provision best suited to those children who are too deaf to benefit from education in the ordinary school, but are not so deaf as to need education on the lines applicable to the totally deaf.

This Committee, towards the end of 1938, published their Report at the end of which they make, amongst others, the following recommendations which concern the School Medical and Special Services:—

Recommendation No. 1.

That, for the future, children with defective hearing should be classified by the School Medical Officers on an EDUCATIONAL BASIS into the following grades:—

GRADE I. To include those children with lesser degrees of defective hearing who can, nevertheless, without special arrangements *of any kind*, obtain proper benefit from the education provided in an ordinary school—elementary, secondary or technical.

(It is estimated that in Liverpool there are approximately 8,500 slightly deaf children coming within this grade.)

GRADE II. To comprise those children whose hearing is so defective as to require for their education special arrangements or facilities, but not those educational arrangements which are necessary for deaf children who, on account of their defect, have not naturally acquired speech or language. The special arrangements or facilities recommended include:—

(*a*) the placing of the children in a favourable position in the ordinary classroom;

(*b*) their being given special tuition in lip-reading;

(*c*) the provision of individual hearing aids, such as auricles (non-electrical hearing aids);

(*d*) education in a special class.

Grade II is further classified into two sub-divisions IIA and IIB; the former includes those children who can profitably remain in their own school if assisted by one or more of the special facilities or arrangements mentioned under (*a*), (*b*) or (*c*).

(It is estimated that in Liverpool there are probably 150 Grade IIA children.)

Grade IIB comprises those children who, even with such help, fail to make satisfactory progress in their ordinary schools and who, therefore, should be educated in a school for the deaf.

GRADE III. To comprise those children whose hearing is so defective and whose speech and language are so little developed that they require education by the special methods used for deaf children who have not naturally acquired speech or language. This grade includes the totally deaf.

NOTE.—The school medical officers have for a number of years been asked, in addition to classifying defective hearing cases on a clinical basis, also to classify them on an educational basis as now suggested by the Advisory Committee.

Recommendation No. 2.

That, for the purpose of securing more accurate ascertainment of deafness, particularly of the commencing cases, all children in the ordinary schools should be given a routine group testing of their hearing by means of a Gramophone Audiometer.

NOTE.—Although a Gramophone Audiometer is already in use at the aural clinics for the purpose of more accurately ascertaining defects of hearing, the Medical Officer does not consider that it is yet opportune to carry out the routine testing of the hearing of all school children by means of this instrument.

Recommendation No. 3.

That as a Pure Tone Audiometer provides a scientific aid in the teaching of speech to children with defective hearing as well as in the providing of hearing aids, such an instrument should be available for the use of the Aural Surgeon or the School for the Deaf.

NOTE.—The School Medical and the Special Schools Sub-Committees have supplied a Pure Tone Audiometer for the purposes suggested in this recommendation, and the information obtained by the use of this instrument has proved of value to teachers of children at the School for the Deaf, helping them to appreciate the difficulties of each particular child.

Recommendation No. 4.

That a scheme for the treatment of ear diseases and defective hearing should be established by all local authorities as a branch of their School Medical Services. Such schemes, which should be under the supervision of an Aural Specialist, should also be available for children under the age of five.

NOTE.—The School Medical Sub-Committee have already established an Aural Scheme for the treatment of ear diseases and defective hearing, under the supervision of an Aural Specialist, which scheme provides for the treatment of pre-school children.

Recommendation No. 5.

That the names of all children who, whilst in the Authorities' isolation hospitals, have suffered from "running ears" should be notified to the Authority responsible for the Aural Scheme.

NOTE.—The medical officers in charge of the City Fever Hospitals have for some time now been informing the School Medical Officer of any cases which have had ear trouble during their stay in hospital. Such cases subsequent to their discharge are, in the case of school children, kept under observation by the school medical officers and by the Maternity and Child Welfare health visitors, in the case of pre-school children.

Recommendation No. 6.

That any children suffering from "running ears" or nasal discharge should not be permitted to attend the swimming baths; whilst children who have any perforation of the drum as a result of previous ear trouble should only be permitted to attend if certain precautions are taken, such as the plugging of the ears and the wearing of a bathing cap so as to prevent the entry of water into the ears.

NOTE.—For some years now it has been the practice of the Director of Education, on the advice of the Medical Officer, to notify the head teachers of any children who should not be permitted to attend the swimming baths. Arrangements have now been made for the Director also to notify head teachers of any children attending their school who should only be allowed to enter the baths if the precautions recommended are taken.

Recommendation No. 7.

That all deaf children who can benefit by the use of individual hearing aids, such as auricles, should be provided with them and that valve amplifiers for the teaching of groups of children should be provided in all Schools for the Deaf.

NOTE.—A pair of auricles of the type referred to have been obtained for clinic use, and Mr. Yorke has reported that in certain cases they definitely improved the hearing. The Committee have accordingly agreed that in such cases their use for school purposes should be given a trial.

The second suggestion under Recommendation No. 7, namely, that a valve amplifier be supplied for use in Schools for the Deaf was anticipated by the Special Schools Sub-Committee when they supplied a Valve Amplifier some three years ago at their Crown Street School for the Deaf, for the group teaching of the children. Furthermore, the Special Schools Sub-Committee, at their meeting in December, approved of the purchase of an improved type of valve amplifier for the use

of the partially deaf children attending the Crown Street School. This amplifier, which has been specially designed by one of Professor Marchant's research workers at the Department of Electrical Engineering of the University of Liverpool, is further referred to on page 69.

Recommendation No. 8.

That all deaf children coming within Grade II, who would benefit thereby, should be taught to lip read, preferably by attendance at a special class held for this purpose once or twice a week, each class lasting for 45 minutes to an hour, or by the visits to their schools of a teacher of lip-reading.

NOTE.—No such provision has as yet been made in Liverpool, but at the end of the year, the Committee had under consideration this recommendation.

Recommendation No. 9.

That the partially deaf children included within Grade IIB should, if possible, be educated in a School for the Deaf, such children being taught in classes separate from those attended by the totally deaf.

NOTE.—This recommendation is already in force, the Special Schools Sub-Committee having for many years now provided in their Crown Street School for the Deaf separate classes for the education of the partially deaf.

It will be seen, therefore, that the Education Committee, in their Scheme for the Prevention of Deafness, are already carrying out many of the recommendations made by the Advisory Committee.

DEFECTIVE VISION.

34. The number of children with defective vision, found at the routine examinations of the second and third age groups, was 5,734 (17·19 per cent.), but only 2,128 of these, or 8·3 per cent. of the total, were found to be in need of treatment, most of the remainder having been already supplied with glasses. During the medical examination of the entrants, routine testing of the eyesight is not undertaken, since most of these children are unfamiliar with the letters on the test types, but if there be any reason to suspect that these young children have defects of vision, or if any tendency to squint be observed, treatment is advised. Altogether, 883 of the entrants were suspected of having defective vision, 785 of these

showing evidence of squint. In addition to the cases found amongst the children in the routine age groups, 1,621 were seen as special cases.

35. All cases of defective vision were kept under regular supervision at the medical re-inspections, and 10,616 children, who had been provided with glasses, were re-inspected with a view to finding out whether the time had arrived for them to be sent to the clinics for re-examination by the oculist. At the re-inspections in the schools, 3,385 (31·9 per cent.) were found not to be wearing their glasses, a 2 per cent. improvement on the figure for the previous year.

The number of new cases treated under the Committee's scheme was 2,796, whilst 252 children were treated privately or at hospitals. The number re-examined at the clinics was 2,967.

36. Under the arrangements made with the Hospitals and Port Health Committee for the treatment of squint in pre-school children, 277 children were examined by the oculist, and glasses were provided in 233 of these cases.

The school medical officers reported that, in the course of their inspections, they had examined 30 children who had been operated upon for the correction of squint, such operations having been carried out at the various hospitals in the City.

Dr. Livsey's Report.

37. Dr. Livsey reports that during the year, the work of the eye clinics has continued smoothly and efficiently. The new clinic recently opened in Walton at the north end of Queen's Drive, is a great convenience to those living in that populous district. The official arrangements made in connection with these clinics minimise inconvenience to the parents and ensure prompt supply of the glasses. Simple explanations as to the need of glasses are given in most cases, as the interest and co-operation of the parents is thereby encouraged.

A final examination is arranged as near the school-leaving age as is possible, so that the children may be provided with the best

glasses before starting work, and parents much appreciate this consideration.

There have been no cases of trachoma during the past year, and cases of serious corneal ulceration are now almost a thing of the past.

There is still much to be done in educating the parents to realise the necessity for the early treatment of squints if serious loss of sight in the squinting eye is to be prevented. This branch of clinic work is of great importance and cannot be too strongly stressed.

A number of youths from the Junior Instruction Centres are now attending for re-examination, and in these cases it is generally found that since leaving school they have discarded their glasses and have thus handicapped themselves.

An increasing number of Higher Education scholars are also availing themselves of the services of the clinics.

Dr. Rankine's Report.

38. Dr. David Rankine, who was appointed at the beginning of the year as one of the oculists in charge of the Committee's eye clinics, states that the efforts made by the Authority in the care of the children's eyesight are well appreciated, though some parents are apathetic and others resentful for various reasons, but these are in the minority, and many of them can be brought to a more reasonable frame of mind when the nature of their children's ocular defects is explained to them.

In some of the cases in which the children are not wearing their glasses, they state that they see just as well, or even better, without them. Occasionally this explanation is true, since, at times, it is necessary, as in some cases of squint, to prescribe glasses the purposes of which is to enable the child to relax the focussing muscles of the eyes, and until such time as the child has learned to do this, vision with them may not be as good as without them.

The fact of not possessing perfect vision does not necessarily call for the wearing of glasses, generally speaking they are necessary for:—

(*a*) all myopic cases;

(*b*) the treatment of squint;

(*c*) cases where the defect of vision is sufficient to handicap the children in their education;

(*d*) cases where vision appears to be satisfactory, yet where there are symptoms, such as headaches or ocular discomfort, caused by errors of refraction.

Myopia.

39. In cases of myopia, apart from improving the child's vision, there is another important reason why great care should be taken to ensure that the defect be corrected so as to improve the vision as nearly as possible up to the normal. The normal eye has been constructed by Nature so that, when at rest, it is focussed for distance, but in order to see objects at nearer distances the muscle, known as the ciliary muscle, has been provided, whereby objects at lesser distances can be focussed on the retina. In normal eyes this ciliary muscle is in practically constant use for this purpose, but its contractions also fulfil the useful function of assisting the circulation of the nutrient fluids. In cases of myopia, however, the eyes are out of focus for distance, but focussed for near objects and this muscle is, therefore, used little or even not at all in many cases. In consequence, the circulation of the nutrient fluid is lessened, with the result that degenerative changes in important structures of the eye are apt to be brought about. For this reason it is important that the worse the degree of myopia the more frequently the case should be seen so that glasses can be corrected in order to maintain good vision and also to retain efficient working of the ciliary muscle.

Squint.

40. When a child develops a squint this is due to the spasmodic contraction of certain muscles of the eye. When the squint is apparently confined to one eye, it is due to the vision in that eye being weaker than that of the other eye. As the

effect of a squint is to cause double vision, which is very confusing, the brain counters this confusion by suppressing the impressions received from the squinting eye. If this supression of one of the images by the brain is allowed to continue, the vision in that eye may be very seriously impaired, such a condition being spoken of as amblyopia. The material improvement of vision in an amblyopic eye is usually possible in very young children, but in order to achieve this improvement, expert supervision and constant care are necessary. In later childhood a cure is usually impossible, and because of neglect to obtain early treatment a great many people go throughout their lives blind in one eye. In a special examination of the records of over 2,000 cases which had been under Dr. Rankine for treatment of eye conditons in general, he found that 3·77 per cent. of them had an amblyopic eye. Because, therefore, of the rapid, serious, and sometimes permanent deterioration which takes place in squinting eyes, it is of the utmost importance that any child who develops a squint should receive immediate treatment.

With regard to the method of treatment for squint known as orthoptic training, it is questionable, until further experience has been gained, whether such treatment is suitable for general use in school clinics, since it is always necessarily of a prolonged nature and requires perseverance on the part of the child and the full co-operation of its parents, for unless such treatment is carried out thoroughly and regularly it would be a waste of time, energy and money.

41. Generally speaking, cases of hypermetropia and hypermetropic astigmatism are of much less serious import. The necessity for prescribing glasses in these cases will depend largely upon the presence of ocular symptoms, or whether the child's vision is such as to interfere with its educational progress.

ORTHOPÆDIC SCHEME.

42. Under the scheme three orthopædic clinics have been provided, one at Dingle, one at Walton, and one in the Everton district.

In addition to these clinics, arrangements have been made for the orthopædic nurses to visit at least twice weekly the Margaret Beavan and Orwell Road Special Schools, and give

remedial exercises and massage to the children attending for whom such treatment has been recommended by the surgeons.

There were 1,132 children under supervision at the clinics, 502 of these being new cases, of which number 150 were seen at the Walton clinic, 245 at the Everton Road clinic, and 107 at the Dingle House clinic. Altogether the cases made 12,861 attendances, either for examination by the surgeons or for massage or exercises, the average number of attendances per case for massage or remedial exercises being 21·6.

Arrangements were made for 52 of the cases to be admitted to hospital, whilst 31 cases were referred to hospital for X-ray examination.

43. The following is a summary of the treatment carried out at the hospitals on cases referred from the Clinics:—

Summary of Hospital Treatment, 1938.

Correction of deformities of feet or toes ...	19
Tenotomies or stretching	11
Transplantation of tendon	2
Osteotomies	3
Treatment of scoliosis by traction	2
Treatment of torticollis by operation	6
Other operations	7
General treatment	2
	52

44. The following-up of the school cases was done by the Child Welfare Association, whose visitors pay home visits to all new cases to urge upon the parents the desirability of securing regular treatment for their children. One of the difficulties in connection with the work is in getting the parents to maintain their regular attendance, and in the case of 340 children it was necessary to pay visits to the homes for this purpose. The Association assisted the parents in obtaining new apparatus, surgically altered boots, repairs, etc., in 884 instances, whilst 529 pairs of boots for wearing with apparatus were supplied. The Association also assisted the work in other ways, such as supplying cod liver oil, convalescent treatment, etc.

45. The accompanying Table shows in detail the work carried out at the clinics:—

TABLE 5.

Cases dealt with under the Orthopædic Scheme during 1938.

Defect.	Cases seen at Surgeons' Visits.								Massage and Remedial Exercises Department.							
	No. of Cases.				No. of Attendances.				No. of Cases.				No. of Attendances.			
	Clinic.			Total.	Clinic.			Total.	Clinic.			Total.	Clinic.			Total.
	Dingle House.	Walton	Everton Road.		Dingle House.	Walton	Everton Road.		Dingle House.	Walton	Everton Road.		Dingle House.	Walton	Everton Road.	
Infantile Paralysis	22	27	28	77	53	61	59	173	13	15	15	43	559	376	268	1,203
Birth Palsy ...	1	4	5	10	2	6	8	16	—	2	4	6	—	30	102	132
Spastic Paralysis	23	22	37	82	53	47	74	174	20	19	32	71	831	582	634	2,047
Rickets	50	48	102	200	79	79	152	310	4	4	10	18	42	56	86	184
Talipes	9	13	15	37	22	31	30	83	5	1	9	15	137	13	165	315
Spinal Curvature	22	23	41	86	49	38	70	157	16	23	30	69	247	577	672	1,496
Torticollis ...	5	6	10	21	9	12	16	37	1	2	5	8	34	57	55	146
Flat Feet ...	61	128	108	297	110	233	184	527	20	57	50	127	516	1,115	676	2,307
Other deformities	20	28	36	84	47	55	56	158	6	10	15	31	80	289	185	554
Other defects ...	51	83	94	228	91	148	157	396	27	40	45	112	919	807	710	2,436
No orthopædic defect found ...	2	5	3	10	2	5	3	10	—	—	—	—	—	—	—	—
Totals ...	266	387	479	1,132	517	715	809	2,041	112	173	215	500	3,365	3,902	3,553	10,820

46. Mr. McFarland, one of the Surgeons-in-charge of the clinics, reports as follows:— **Mr. McFarland's Report**

"The accompanying table of statistics shews the number and ailments of children who attended the Clinics during 1938.

It will be seen that they fall roughly into three groups—those attending for examination and diagnosis; those attending for treatment, and those attending for examination after treatment in a hospital or at the Clinic. Obviously many children will pass through the first two groups into the third, and it is an excellent feature of the scheme that the same surgeon not only supervises the three groups in the Clinics, but also carries out any hospital work which may be necessary. Thus is preserved that continuity of thought and policy in treatment which is essential to the proper orthopædic treatment of the growing child.

Another good feature is that owing to the appointments of the orthopædic surgeons it is possible to let the parents exercise that choice of hospital which is dear to their heart (and reasonably so).

It is my belief that parents take more care of their children now than they used to ten to fifteen years ago. There are instances of indifference, but they are not common and are not due to poverty.

It is noticeable that among the children attending for first examination it is rare to find one suffering either from gross active rickets, such as one used to see, or from the severe deformities of bones, which may result from the disease and persist after the active process has ceased.

Comment is sometimes made that comparatively few children are discharged as cured. This must necessarily be so in clinics of this nature where a very cautious attitude is essential. For the patients are growing, and the function of the clinics is as much to supervise and guard their growth and so prevent defects from arising as it is to cure an existing deformity.

I should like to express my appreciation of the design and fitting of the new (Walton) clinic in Queens Drive. It is pleasant and efficient, and very suitable to the work."

Mr Eastwood's Report.

47. Mr. Eastwood, another of the Surgeons who attends the Clinics, reports:—

"There have been no noticeable changes in the organisation of the school clinics during the past year. Work has gone on steadily; the gradual perfecting of the school organisation is now showing effect, and there are less deformities of a gross nature coming through to the orthopædic clinic. Most of the patients are now in what might almost be considered a pre-deformity stage, requiring supervision and careful watching rather than any definite treatment.

The arrangement with Alder Hey Hospital still works admirably, and there is no difficulty at all in transferring a patient from one clinic to another should the patient move from one district to another."

STAMMERING AND REMEDIAL SPEECH CLASS.

48. The incidence of stammering amongst the public elementary school children examined as routine cases was 0·52 per cent., 208 stammerers having been discovered by the school medical officers. In addition to this number, 97 other children were brought forward by the teachers for examination as special cases.

49. The classes for the treatment of children suffering from stammering or other speech defects continue to be held in a classroom in Pleasant Street School. This classroom, being bordered by other classrooms and the playground, is not ideal from the point of view of quiet surroundings, which are essential for the efficient treatment of these defects.

Before a child is admitted to the class he is given a medical examination, and the parents are advised regarding general health and hygiene and of any physical defects which may be contributory factors in the causation of the stammer. The medical officer explains to the children and their parents that improvement is invariably slow, and that the rate of progress, under treatment, is dependent upon the perseverance and personal efforts of the children, and he asks the parents for their co-operation. In many cases, children before admission to the class have been taught to adopt some " trick " which they have been told will help them to cure their stammer, but which actually is often detrimental; when these "tricks " have become firmly established it takes a long time to eradicate them.

In order to overcome their defect an endeavour is made at the class to get the children to speak in a spontaneous and easy manner. For this purpose the children are first trained in general muscular relaxation, in order to obviate tension. They are then taught simple rhythmical exercises. On the acquirement of mental and muscular control, exercise in natural speaking is given by means of speech games, simple reading and dramatic work.

50. Miss Osmond, the Speech Therapist, has paid visits to the children's homes to discuss with the parents that part of the treatment which should be carried out there. At the end of each school term she also sends a written report on each stammerer attending the classes to its respective head teacher. The head teachers are invited to write a short note on the report before returning it to the Centre, commenting upon the child's speech in school and mentioning any other points of interest. These reports are of value in indicating the child's degree of improvement in the classroom whilst engaged in ordinary class work. The following are extracts from four such head teachers' reports:

"Improved all round, especially in speech, conduct improved too."

"We are all delighted with progress in self-control and speech. Improvement well maintained."

"Very much improved in every way."

"I think that you have achieved a splendid improvement in the boy."

51. A frequently encountered and difficult obstacle to success in the treatment of other forms of defective speech, as distinct from stammering, is the poor level of reading accomplishment which often accompanies the retarded speech condition. The child has been unable to speak clearly while learning to read, so he cannot connect normal speech sounds with printed and written language. In this way his spelling and reading are frequently much below the average for his age, and because of this his knowledge of words is limited. It is not at all uncommon to find that a child with defective speech is uncertain of the sounds needed to make up the simplest words. In the worst cases, the child appears to speak a language of his own.

In order, therefore, to increase their proficiency in reading a special period of reading practice was given, twice weekly at the centre to each of a group of twelve children, by a teacher specially detailed for this work. Since the beginning of the reading practice the children have made considerable progress and their speech has benefited by the treatment. Incidentally the children concerned were very keen to improve and they all showed a marked interest and pleasure in the work.

The following table gives some statistics relating to the work:—

Table 6.

STAMMERERS' CLASSES.

Stammerers attending during year—		
Cases carried over from 1937	74	128
New cases in 1938	54	
Number discharged—		
Cured	14	60
Very much improved	12	
Improved	27	
Treatment discontinued owing to travelling difficulties, etc.	3	
Non-attending	4	

REMEDIAL SPEECH CLASSES.

Number attending—		
Retarded speech	8	38
Cleft palate speech	6	
Lisping	6	
Other speech defects	18	
Number discharged—		
Cured	4	11
Very much improved	3	
Non-attending	4	
Number carried over to 1939	27	
Number of visits paid to schools	93	
Number of visits paid to homes	59	

MINOR AILMENTS.

52. During the year, 43,438 cases were treated at the Minor Ailments Clinics, necessitating 481,752 attendances being made by the children, the average number of attendances made being 11·1 per child.

The following Table shows the number of the most common types of defects treated, and the average daily attendance at the various clinics:—

Table 7.

Shewing the number of defects treated at the Minor Ailments Clinics and the average daily attendance at each Clinic.

Defects Treated.	Name of Clinic.													Total
	Everton Road.	North Corporation.	Northumberland Street.	Norris Green.	Westminster Road.	Moss Street.	Dove ot.	Balfour.	Old Swan.	Garston.	Sugnall Street.	Walton.	Fazak. erley.	
Skin Defects—														
Ringworm of the Body ...	41	17	60	17	19	20	18	4	18	6	14	10	2	246
Impetigo	287	172	457	238	496	89	29	246	195	172	136	102	28	2,647
Other Defects	108	191	112	371	75	29	72	123	107	38	166	43	27	1,462
Ear Conditions—														
Wax	53	46	41	22	39	20	8	24	19	23	21	15	8	339
Otorrhoea	274	252	236	234	237	97	151	140	99	100	95	104	48	2,067
Other Defects	63	57	92	93	79	46	84	33	52	48	15	46	61	769
External Eye Disease ...	437	659	415	317	328	198	218	185	153	162	142	82	56	3,352
Miscellaneous Defects (Sores, Minor Injuries, etc.) ...	3,840	3,759	5,527	3,622	2,190	2,532	2,915	1,788	1,172	1,423	1,414	845	1,529	32,556
Totals	5,103	5,153	6,940	4,914	3,463	3,031	3,495	2,543	1,815	1,972	2,003	1,247	1,759	43,438
Average daily attendance ...	219·7	214·0	188·9	149·8	126·7	114·3	105·8	101·2	85·5	79·2	72·8	65·7	50·8	1,574·4
Average daily attendance (excluding Saturdays) ...	252·6	249·6	222·0	174·4	146·9	132·1	118·4	117·5	96·0	91·1	84·4	74·6	56·9	1,816·3

53. Dr. Kennedy, one of the school medical officers in charge of one of the minor ailments clinics has drawn attention to a certain type of sore in the neighbourhood of the nose which should always be regarded with suspicion since it may be of a diphtheritic nature. The nature of the lesions consists of adherent scabs and crusts inside the vestibule of the nostril, or on the lower margins of the nose, or on the upper lip, or on the outer aspect of the alæ of the nose. These external lesions are not separated from the interior of the nostril by an area of healthy skin (as in cases of herpes), but are, in continuity with the mucous membrane lining the interior of the nostril. There is usually a slight sanguineous exudate or the sores look as though they had been bleeding. Sometimes such sores give the appearance of small blisters or pustules on the skin of the alæ of the nose immediately adjacent to the mucous membrane. A significant factor is that these lesions are very resistant to treatment. Children with such sores usually manifest no constitutional symptoms. **Dr. Kennedy's Report.**

Out of 52 such cases, in all of which swabs had been taken, 20 were reported by the City Bacteriologist as shewing diphtheria bacilli, three being of the *gravis* type, 16 the *mitis* type, and one of the intermediate type.

In this series of cases in two instances a brother and sister are included, the mitis type being found in each case. It would appear therefore that these sores are of a contagious nature. All cases in which a positive bacteriological report was received were notified to the Medical Officer of Health, and admitted to hospital, where they were retained until 3 consecutive negative tests had been obtained.

54. Scabies again showed some increase, 1,462 new cases amongst school children being reported, as compared with 1,240 in 1937. Treatment facilities were provided at three of the Health Committee's cleansing stations, where, in addition to school children, there were also treated any pre-school children or older female members of the families who were affected. In all 693 **Scabies.**

school children, 75 adults, and 91 children under school age, were treated at these clinics.

The children affected were kept under regular medical supervision, the doctors usually seeing them on Saturday mornings, 2,148 examinations of these children being made, and 1,409 of them re-admitted to school.

At the end of the year there were 292 cases still under observation or treatment.

Dr. Burn's Report.

55. Dr. Burn, one of the school medical officers, has been trying a new method of treatment for scabies and he reports as follows:—

"A new method for treating scabies was introduced in October. This was based on a report by Vellin, a French dermatologist, who claimed a very high percentage of cures with one application of a Benzyl Benzoate lotion. Previous methods of treatment in use at the clinics required on three consecutive days applications of either sulphur ointment or "Kathiolan," a greasy sulphur preparation with a rather nauseous smell. It was, therefore, thought that by the use of the lotion, if found to be effective, it would mean that three times as many cases could be treated at the clinics per week as could be dealt with previously, and in actual practice it was found that besides being cleaner in use the lotion was also much quicker and simpler to apply than the greasy sulphur preparations. This means that new cases can be dealt with more rapidly than before, thus shortening the time in which the patient can infect his fellows, a factor which should lead to a reduction in the incidence of the disease.

The original lotion used consisted of 10 per cent. benzyl benzoate in industrial methylated spirit with the addition of a small quantity of boric acid. It was found that this lotion produced a degree of irritation of the skin, causing a burning sensation during treatment, but this passed off in about five minutes. In order to give any certainty of cure it was found necessary to give two applications of the lotion.

A German reference suggested the use of a lotion with equal parts of benzyl benzoate, soft soap and isopropyl alcohol. This lotion was also tried, and whilst it gave rise to no discomfort it was found not to be so easy to apply since the benzyl benzoate is not as soluble in isopropyl alcohol as it is methylated spirit, it also proved uncertain in its result, because of the uneven distribution of the benzyl benzoate in the lotion.

The next formula tried was 25 per cent. benzyl benzoate, 25 per cent. soft soap and industrial methylated spirit to 100 per cent. with the addition of a small quantity of boric acid. This proved to be the most effective lotion used, needing only one application. Unfortunately where there has been much scratching, with resultant open sores, this lotion proved very painful in use, owing to the slow evaporation of the spirit in the presence of soft soap. It has, however, been retained for use in cases with no sores, in which cases it has proved very effective. This strength of lotion is now being made up without the soft soap for use in cases with sores.

It is hoped that a lotion which causes no discomfort whatever may soon be devised.

The mode of treatment is as follows:—The patient is given a hot bath, and well scrubbed for a quarter of an hour with soft soap and a loofah, particular attention being paid to the sites of infection. Whilst standing in front of a fire and without drying the body, the lotion is applied with a stiff brush, care being paid to the sites of infection. At the clinics a shaving brush has proved to be a most effective applicator. The lotion is allowed to remain on for about five minutes, the surplus then being removed by dabbing with a towel. In the meantime the clothing has been disinfected by stoving, and is still warm when resumed by the patient. Arrangements have been made with the Public Health Department for the stoving of infected bedding, etc., on the day of treatment. Next day the patient attends the clinic for an ordinary bath to remove any surplus lotion from the skin. The stoving of the bedding and clothes reduces the risk of re-infection of the patient

in his own home. The disease is not always restricted to school children, and although one of the health visitors inquires as to other members of the family being affected, and advises treatment where this is the case, reinfections occur from time to time from other members of the family who have declined or delayed treatment, and sometimes because they have not sent all infected materials for stoving.

While it is too early to say, at present, whether or not there is any reduction in the incidence of the disease as a result of the new treatment, the cures by this method appear to compare favourably with the cures obtained by other methods of treatment, and there appears to be a definite reduction in the period of enforced absence from school."

Ringworm of Scalp.

56. The number of cases reported as ringworm of the scalp was 51, of which number 9 were found, after examination, not to be ringworm. There were thus 42 actual cases of the disease as compared with 48 during the previous year. Including 24 cases uncured at the end of 1937, there have been 66 cases under treatment during 1938, of which 47 were cured and re-admitted to school before the end of the year, 20 of these having been treated by X-rays at the Belmont Institution.

INSPECTION CLINICS.

57. The arrangements have been continued for the examination, by the school medical officers, of children absent from school for any prolonged period, except those who are known to be under regular medical care.

These examinations were carried out mainly on Saturday mornings and during school holidays at various centres.

In all 4,072 medical examinations were made of these absentees, and certificates of fitness to return to school were given in 1,752 instances.

In addition, the school medical officers examined, at the Central Inspection Clinic at the Education Office and at Garston, children

applying for certificates for employment, and for this purpose, 1,065 examinations were made.

Many parents call at the Office on matters concerning the health of their children, and during 1938 the school medical officers examined 4,819 children brought there by their parents. Enquiries were also made at the Central Office by parents with regard to dental treatment in the case of 3,068 children, arrangements having been made for one of the school dentists to be on duty at the office each afternoon after completing his work at the dental clinic.

NOTIFICATION OF DEFECTS AND ARRANGEMENTS FOR FOLLOWING UP.

58. When any defects amongst the children are found which require treatment, it is much more satisfactory to discuss the need for providing such treatment with the parents rather than to notify them by letter. Accordingly, the parents are always invited to be present at the routine examinations, and the percentage of parents attending at these examinations were as follows:—In the case of entrants 86·6 per cent., in the case of the second age group 55·4 per cent., but the proportion of parents attending the medical examinations of the third age group was only 32·0 per cent. Should the parents not be present at the time of the examination, and it is considered desirable to discuss the health of their children with them, they are given a further opportunity to attend.

The number of notices given or sent to parents relating to various defects for which treatment was considered necessary was 80,054. Of this number over 60,000 were on account of defective teeth, some 6,000 in connection with defects of vision, and over 2,000 in connection with affections of the tonsils and adenoids.

Table 8 gives the results of the following-up by the different agencies undertaking the work.

TABLE 8.
Results of Following-up.

Following-up Agencies.	Carried over from previous year.	Referred during 1938.	Total.	Treated at School Clinics or elsewhere.	Treatment refused or evaded.	Left school, etc,	Total reported upon.	Cases still under observation at end of year.
SCHOOL ATTENDANCE STAFF—								
Vision	602	2,360	2,962	1,429	705	175	2,309	653
Tonsils and Adenoids	173	1,237	1,410	516	588	81	1,185	225
Ringworm of Scalp ... ... (re X-Ray treatment) ...	—	27	27	22	4	—	26	1
SCHOOL HEALTH VISITORS' STAFF—								
Medical defects	4	3,217	3,221	2,808	413	—	3,221	—
General defects	1,348	7,889	9,237	7,837	—	—	7,837	1,400
Verminous	5,264	38,639	43,903	37,651	—	—	37,651	6,252
CHILD WELFARE ASSOCIATION—								
Medical defects	119	952	1,071	554	383	—	937	134
OTHER AGENCIES—								
Medical defects	—	52	52	42	5	4	51	1

PARENTS' PAYMENTS.

59. The facilities for treatment under the Education Committee's Scheme are intended only for those children whose parents are not in a position to afford private treatment; and is not carried out until a statement to this effect, signed by the parents, has been received.

The charges made by the Committee are as follows:—

	s.	d.
Defective Vision		
New cases (*including provision of glasses*)	7	6
Re-examination cases—		
i. Within one year no additional charge is made ...	—	
ii. If after one year (*including provision of glasses*) ...	6	0
Tonsils and Adenoids	10	0
X-Ray treatment for Scalp Ringworm	10	0
Dental treatment	0	6

The following amounts were received during the year as parental contributions towards the cost of treatment for:—

	£	s.	d.
Defective vision	1,029	10	4
Dental defects	639	14	7
Tonsils and Adenoids	351	15	8
Ringworm of Scalp	4	18	0
TOTAL	£2,025	18	7

THE LIVERPOOL CHILD GUIDANCE CLINIC.

60. The Staff of the Liverpool Child Guidance Clinic have rendered valuable assistance to the School Medical Department by undertaking the examination of cases of "difficult" children referred to the Clinic. Altogether 73 cases were referred to them by the School Medical Department and 52 cases of school children were referred from other sources, such as, school teachers, hospitals, probation officers and social agencies. There were also 18 pre-school children referred from the Liverpool area from various sources.

At the beginning of the year there were 60 children of school age still under treatment from the previous year, who, together with the 125 new cases, made a total of 185 (128 boys and 57 girls).

Practically all the cases investigated were found to present not one but several symptoms, e.g., "stealing, lying, truanting," or "stealing and temper," or "stealing and enuresis," "nervousness and stammer," etc. The following table shows the incidence of the symptoms which were considered as constituting the main difficulty on referral:—

Stealing	63
Difficult behaviour	19
Beyond control	7
Truanting and wandering	4
Lying	2
Temper	11
Nervousness	25
Fears	5
Impropriety or incontinence	19
Speech difficulties	14
Backwardness	11
(Diagnostic)	(5)
	185

At the 31st December, 1938, 89 cases were still under treatment. The remainder had been closed for the following reasons:—

Improved through treatment	33
Diagnostic—Advice given	17
Problem due to physical condition, appropriate treatment arranged	4
Placement recommended and/or arranged ...	13
Committed to Approved School	10
Parents did not wish further treatment ...	17
Found to be Mentally Defective	2
	96

Before beginning the treatment of children for nervous and behaviour difficulties it is necessary not only to examine them, but to gain some understanding of the whole situation, which involves, in each case, medical examination, psychological assessment of mental capacity, and a thorough investigation of the environmental situation. All of this, together with any subsequent psychiatric treatment of the children which may be required naturally involves a considerable amount of work.

CHILDREN AND YOUNG PERSONS ACT.

61. In accordance with arrangements made under Section 35 of the Children and Young Persons Act, medical reports were submitted for the information of the magistrates in the Juvenile Court on 1,765 cases, 175 less than the number reported upon in the previous year. At the request of the magistrates, 20 cases were specially examined and reported upon.

EMPLOYMENT OF SCHOOL CHILDREN.

62. All employed children, whether working before or after school hours, are required to obtain employment cards, which are issued by the Education Committee, and these children are kept under supervision by the school medical officers at their visits to the schools.

At the end of the year there were 1,682 school children (1,664 boys and 18 girls) employed out of school hours, 1,180 of these children being occupied in delivering milk or newspapers.

When children desire to work before school hours, they have to be examined by the school medical officers and passed as physically fit before certificates are granted. For this purpose, 1,065 children were examined, and all but 8 were granted certificates.

Employment which, under the local bye-laws, is limited to two hours on school days, and five hours on Saturdays and during school holidays, seldom has any adverse effect upon the children's health, though occasionally it has been found advisable to recommend the giving up of such work in the interests of health.

63. During the year, the Sub-Committee dealing with the licensing of children, granted 92 theatrical licences in respect of 80 children, as against 58 licences granted during the year 1937 and 63 licences during 1936.

The total number of licensed children who appeared at local places of entertainment was 107, as against 89 for the previous year. Only twelve of these were Liverpool children.

64. All places of entertainment where the children were engaged were visited by the Committe's officers during the period of employment of the children, and it was found that the regulations were complied with fully. The officers also visited the respective places of residence, and were satisfied with the conditions under which the children resided in Liverpool. In accordance with the Committee's instructions, a woman visitor, accompanied by the Employment Officer, visited both the lodgings and the theatres.

CHILD WELFARE ASSOCIATION.

65. In addition to the official following-up agencies, the Child Welfare Association have continued to render very valuable assistance in the direction of securing convalescent treatment, surgical treatment, or appliances, and providing special tonics or extra nourishment for children requiring such treatment. They also supplied, on the recommendations of school medical officers, milk to school children who, on account of illness, were not in attendance at school. In all, 952 cases were referred to the Association during the year.

EVERTON ROAD NURSERY SCHOOL.

66. There has been no alteration in the routine programme of the school as detailed in the last report.

The number of children on roll was 163 and the average attendance for the year was 143.

Isolated cases of chickenpox and diphtheria occurred, but there was no epidemic of infectious disease. The comparative freedom from such outbreaks is attributable to the open-air conditions in which the children live and the high standard of health of the children which results from the good meals supplied, the insistence upon regular rest periods and personal cleanliness.

At the routine medical examinations, which are conducted at six-monthly intervals following each child's admission, 408 children were examined.

The most common defects discovered were enlarged tonsils, flat feet, rickets, bronchitis and debility. Children suffering from minor ailments are treated at Everton Road minor ailments clinic, which adjoins the school, and during the year 397 such cases were treated. As the clinic is open all day the children can obtain treatment at any time. In addition 5 children were treated at the defective vision clinic and 1 was treated at the tonsils and adenoids clinic. Several cases were also referred to the clinic by the head teacher for the advice of the school medical officer.

Dental inspection was carried out by Mr. Littleton, one of the school dental officers, and of the children found to be requiring dental treatment, 100 per cent. accepted treatment.

Immunisation against diphtheria was also undertaken, as in previous years, and over 60 per cent. of the parents consented to treatment.

67. Dr. Howard, the school medical officer, who attends at this school, reports: "In my opinion the children of the nursery school, as a result of their training and surroundings there, are brighter, more alert and intelligent, and happier than children of the same age from similar homes who have not attended a nursery school. This opinion is confirmed by many of the parents, who not uncommonly state how delighted they are with the progress and development of their children, after they have been attending the school for a time. The community spirit of the children is well marked, as is also their eagerness to help each other, points which are well depicted in a film which has been prepared by the efforts of the Merseyside Branch of the Nursery Schools Association.

The co-operation of the parents with regard to medical treatment is excellent and their gratitude is sincere. That they appreciate the advantages and usefulness of the school is evidenced by the large number of parents making application for their children to be admitted."

68. Miss Montgomerie, the Acting Head Mistress of the school, reports as follows:—

"Many of the parents have co-operated in the work of the school, helping with sewing and mending, and working in the laundry and kitchen. The fortnightly mothers' meetings have been continued, and among the speakers at these meetings have been Miss J. R. Crosbie, M.B.E., Miss Mary Macaulay, and Miss Gull, whilst at one of the meetings Dr. Howard gave a practical demonstration of how to treat minor ailments.

During the year a film was made dealing with the work of the Everton Road and Bebington Nursery Schools, by the Merseyside Branch of the Nursery School Association. The film shews the varied activities of the nursery schools and the medical care which the children receive. It depicts the routine medical examinations of the children at the Everton Road School and their treatment at the adjacent clinic for minor ailments, eye, ear and dental defects.

A new innovation this year has been the Keep Fit Class for mothers, which was organised by Miss Marsden, a member of the school staff. A small band of enthusiasts meets weekly, and the mothers thoroughly enjoy this health-giving active recreation."

UNCLEANLINESS.

69. The percentage of boys discovered at the routine examinations with nits or lice in the hair was 4·5; amongst the girls the figure was 13·1 per cent.

The prevalence of cases of verminous infection of the body and clothing is considerably less, the figure in the case of the boys being ·14 per cent., whilst in the case of the girls the figure was even smaller, viz., ·09 per cent. In addition to the above, 4·7 per cent. of the boys and 3·4 per cent. of the girls were found to have dirty bodies or clothing.

The school nurses made 380,013 examinations of the children re cleanliness, and in 24,130 instances the children were found to be verminous or very dirty. In the case of 32 children, statutory notices were served upon the parents owing to their failure to cleanse their children after previous notifications, and 15 children had to be compulsorily cleaned by the staff.

At the end of the year, there were five Cleansing Stations, the Smithdown Lane centre having been closed in April, 1938, as the

building was to be demolished to provide a site for rehousing. The total number of attendances made at the stations during the year was 32,421 of which number 29,040 were on account of verminous conditions.

TUBERCULOSIS.

70. Although, in all probability, the majority of children at some time or other become infected with tubercle bacilli, comparatively few actually develop clinical tuberculosis. Whether or not such infection is able to progress depends upon the child's power of resistance to the invading bacilli. The defensive mechanisms of the body can be increased by attention to the recognised laws of health, and decreased by such factors as poverty, undernourishment and overcrowding. In its early stages tuberculosis is not always easy to diagnose, the early symptoms often being so slight that their importance is apt to be overlooked. In this connection the co-operation which exists between the School Medical and Tuberculosis departments is a valuable one, for the school medical officers, who appreciate the possible significance of the early symptoms, have the opportunities for detecting them. By their vigilance in this respect the children affected are enabled to receive treatment at a much earlier stage of development than might have otherwise been possible.

At the routine inspections in the schools there were discovered one case of suspected phthisis, 49 cases of tuberculous glands, and 46 cases of other forms of tuberculosis, a total of 96 cases, or 0·24 per cent. amongst the routine cases examined.

There were also seen at the inspection clinics, or as special cases at the schools, 11 definite or suspected pulmonary cases, and 65 cases of other forms of tuberculosis.

All the cases of actual or suspected tuberculosis discovered by the school medical officers were referred to the tuberculosis officers for examination. The number of references so made was 152 whilst the Tuberculosis Department supplied information with reference to 1,595 school children who had been reported from other sources as possible cases of tuberculosis. Of these, 777 were new cases for the year and 565 were reported as non-tuberculous.

At the end of the year, the total number of children of school age known to the department to be suffering from active pulmonary tuberculosis was 81, 63 of these being at the Cleaver Sanatorium, where classes were arranged for those children whose state of health permitted their attendance.

There were also 117 non-pulmonary cases, of which 41 were in Cleaver Sanatorium, and 42 in Alder Hey Hospital.

INFECTIOUS DISEASES IN SCHOOLS.

71. There was a marked decrease in the number of cases of infectious disease reported amongst children of school age during the year; 6,232 cases, a decrease of 2,097, being reported as against 8,329 in 1937 and 7,867 in 1936.

Measles showed a reduction of 642 cases and chickenpox 591 cases, while there was a reduction of 363 cases in respect of scarlet fever and 371 cases in respect of mumps. During the year 1,800 cases of diphtheria were reported as against 1,808 for the year 1937.

No school or department was closed during the year on account of infectious disease.

The arrangements introduced in 1932 for the inoculation of children attending the infants' departments of public elementary schools were continued. Visits for this purpose were paid to 90 schools.

The response varied considerably in the different schools, but taking the schools as a whole, approximately 29 per cent. of the infants attending were inoculated.

The total number of school children inoculated at the schools was 6,356. In addition, a considerable number of children of school age were inoculated at the two immunisation clinics, held at the Carnegie Welfare Centre and the Norris Green Clinic.

The following Tables show the number of cases of the common infectious diseases, with the ages of the children affected and the monthly distribution of the cases.

Table 9.

SCHOOL CASES OF INFECTIOUS DISEASE.

Age Distribution.

Disease.	Under 5	Under 6	Under 7	Under 8	Under 9	Under 10	Under 11	Under 12	Under 13	Under 14	Over 14	Totals
Diphtheria	79	290	283	231	195	189	162	121	130	90	30	1,800
Scarlet Fever ...	52	217	245	222	202	158	151	85	115	92	48	1,587
Measles	100	647	496	170	34	19	11	4	7	2	3	1,493
Whooping Cough ...	37	231	121	44	17	7	7	5	2	2	—	473
Chicken Pox ...	35	174	176	124	85	32	23	15	12	9	2	687
Mumps	10	61	53	32	18	5	2	4	2	5	—	192
Totals	313	1,620	1,374	823	551	410	356	234	268	200	83	6,232

Table 10.

SCHOOL CASES OF INFECTIOUS DISEASE.

Monthly Distribution.

Disease.	Jan.	Feb.	March.	April.	May.	June.	July.	August.	Sept.	Oct.	Nov.	Dec.	Totals.
Diphtheria	191	201	200	141	128	111	92	101	174	145	162	154	1,800
Scarlet Fever	176	191	175	117	133	117	69	74	105	106	163	161	1,587
Measles	736	506	161	39	15	24	2	1	1	1	4	3	1,493
Whooping Cough ...	62	70	89	24	93	34	2	43	10	4	18	24	473
Chicken Pox	52	73	89	38	95	133	6	19	28	26	67	61	687
Mumps	10	22	20	16	36	19	3	4	6	8	22	26	192
Totals	1,227	1,063	734	375	500	438	174	242	324	290	436	429	6,232

VACCINATION.

72. The following Table, based on the results of observations made during routine inspections, shews the percentages of vaccinated and unvaccinated children in the public elementary and higher schools, whilst in the case of the vaccinated children, the number of vaccination marks is also shewn.

The percentage of unvaccinated children in the public elementary schools was 23·1, the figures for the preceding five years being 23·9, 21·1, 22·7, 22·7, and 21·3; the corresponding figures for the children attending the higher schools were 25·5, 26·0, 24·9, 25·9, 22·0, and 19·3.

Table 11.

Code Group.	Number examined.	Vaccinated.					Unvaccinated.
		One mark.	Two marks.	Three marks.	Four marks.	Total.	
Public Elementary Schools.							
Entrants	14,138	71·47	4·70	0·14	0·16	76·47	23·53
Second Age group ...	13,784	47·97	10·45	2·08	15·44	75·94	24·06
Third age group ...	10,942	17·94	13·76	3·69	43·28	78·67	21·33
Total	38,864	48·05	9·29	1·83	17·73	76·90	23·10
Higher Schools.							
All ages	8,424	26·3	22·4	6·5	19·3	74·5	25·5

SCHOOL PREMISES.

73. The school medical officers, on the completion of their routine examinations at the schools, make reports on the condition of the premises with regard to such items as the efficiency of the heating, lighting, ventilation, conditions of playgrounds, etc., and references with regard to all defects found are referred to the appropriate quarters, when considered necessary. The district sanitary inspectors also make periodical visits to all public elementary schools for the purpose of inspecting the sanitary arrangements.

The Surveyor has kindly supplied details relating to all the improvements made in connection with public elementary schools during the year, which may be summarised as follows:—

List of improvements made in various Schools during 1938.

Re-flooring	8	Schools.
Heating arrangements	2	,,
Lighting, (natural and artificial)	5	,,
Playgrounds	2	,,
Lavatories	2	,,
Removal of galleries	2	,,
Extensions and alterations	7	,,
Minor additions and improvements	10	,,

SPECIAL SCHOOLS.

School for Blind.

74. The total number of children at the end of the year who had been certified as blind was 24, of whom 20 were attending Wavertree School for the Blind, 3 the Roman Catholic School for the Blind, Brunswick Road, and one the Royal Normal College for the Blind, London.

Classes for the Partially sighted.

75. Classes for partially-sighted children are maintained at the Birchfield Road council school, Christ Church C.E. elementary school, Underlea day open-air school, and Fazakerley day open-air school. The class at the Fazakerley day open-air school was opened on 1st June and has accommodation for 20 children. The number on the rolls at these classes at the end of the year was 111, the average attendance being 95·3. There has been no change in the routine work of these classes although more physical training is being permitted for most of the cases. The incorporation of these special classes in the day open-air schools is popular both with children and parents and is beneficial to the health of the children. The classification of the ocular defects of the 111 children attending the classes is given in the following summary:—

Myopia	30	Progressive Familial Macular Degeneration	5
Myopia with other defects	28	Choroiditis with coloboma ...	2
High hypermetropic astigmatism ...	2	Optic atrophy	5
Interstitial keratitis	3	Nystagmus	3
Corneal nebulae	10	Nystagmus with other defects ...	7
Ophthalmia neonatorum	1	Albinism	5
Congenital cataract	7	Gross macular lesions with choroidal retinitis	1
High hypermetropia	2		

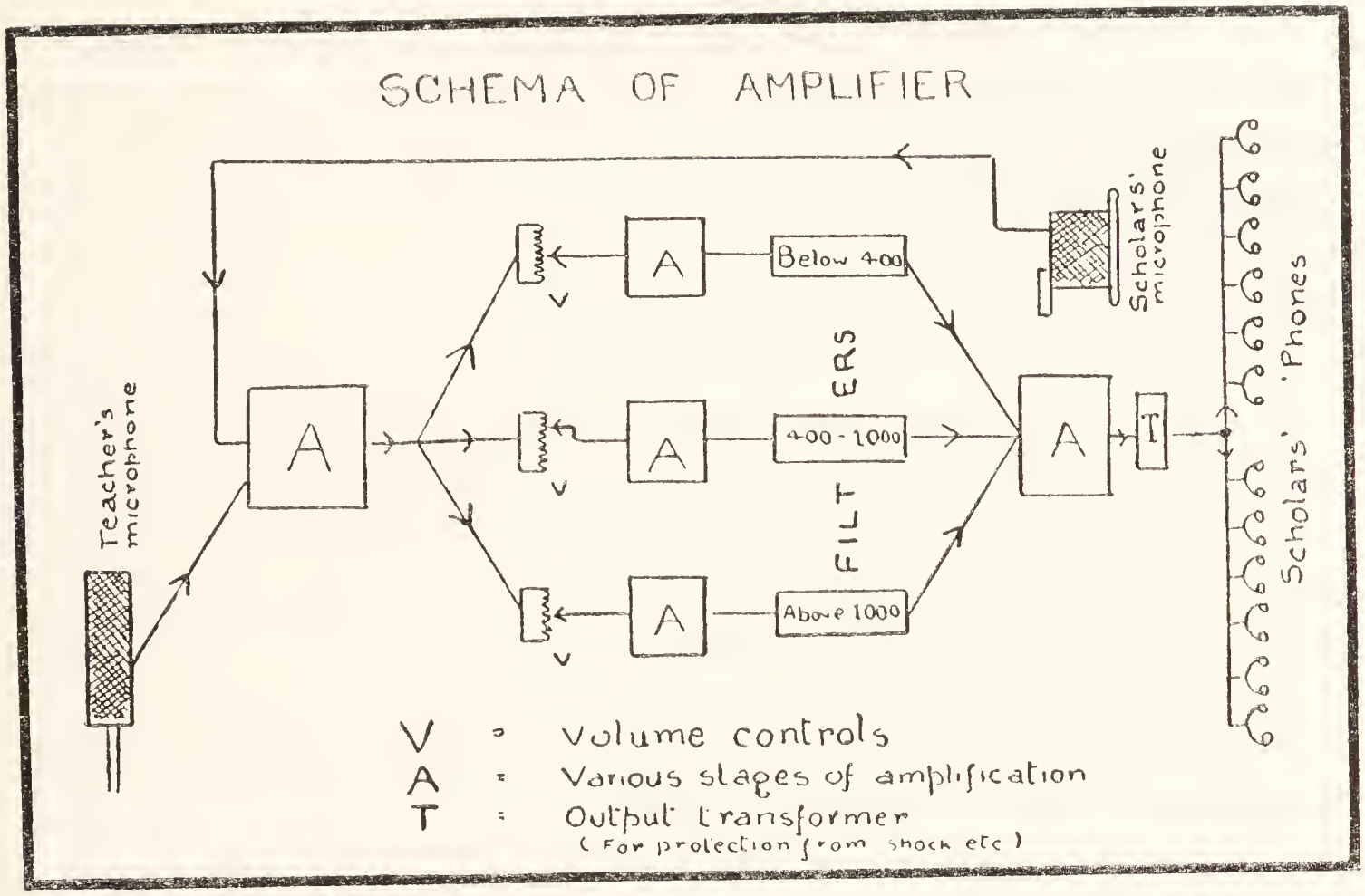
76. The Committee's School for the Deaf at Crown Street has accommodation for 200 scholars, the average number on rolls being 157·75. **School for the Deaf.**

77. For over three years now an electrical speech amplifier has been in use at this school for the teaching of the more seriously deaf children. This instrument has proved to be of considerable benefit to the children and they have shown marked improvement in the acquisition of correct speech and language. The Committee having decided to supply a second apparatus for use at the School, Dr. Marchant, "David Jardine" Professor of Electrical Engineering at the Liverpool University, was approached for his advice and he shewed keen interest in the matter, and arranged for Dr. Turney, one of his research workers, who had considerable knowledge of sound amplification and the designing of speech amplifiers, to devote his attention to devising a new type of amplifier. The desired requirements were discussed by Professor Marchant, Dr. Turney, the Headmaster of the School for the Deaf, and the Chief Assistant School Medical Officer. In view of the fact that deaf children differ considerably in the frequency ranges to which they are most deaf, the aim in view was to devise an apparatus suitable for class teaching which would be capable of amplifying the particular frequency ranges most adversely affected in the individual children, without over amplifying the remaining frequencies. In other words the ideal instrument would be one in which perfect differential frequency amplification could be supplied to suit each child's individual type of deafness, much in the same way as children with defective vision can be supplied each with their own special spectacles. Professor Marchant pointed out that the average amplifiers and telephones were really most ineffective in reproducing in their correct proportions the various frequencies used in speech, being particularly deficient in the higher frequencies which are most important for clarity of hearing of many of the consonants and vowels. The importance of the higher frequencies in the case of vowel sounds will be seen from the accompanying table which is taken from Harvey Fletcher's " Speech and Hearing ". **Electrical Speech Amplifier.**

Table 12.

Speech Sound.	Low Frequency.	High Frequency
ū (pool)	400	800
u (put)	475	1,000
ō (tone)	500	850
a (talk)	600	950
o (ton)	700	1,150
a (father)	825	1,250
a (tap)	750	1,800
e (ten)	550	1,900
er (pert)	500	1,500
ā (tape)	550	2,100
i (tip)	450	2,200
ē (team)	375	2,400

It was at the outset decided to make use of the Piezo type of telephones, which have a fairly wide frequency response and to so design the amplifier as to balance its frequency responses with those of this type of telephone. This balancing was achieved by incorporating within the amplifier three separate filters, the first of which would pass only frequencies up to about the 400 range, the second only frequencies from 400 up to about 1,000, and the third only frequencies from 1,000 up to about 5,000. Three separate amplifying stages, each having its own volume control, preceded these filters, and by means of the volume controls the low, middle, and high frequencies passing into the output can be individually controlled. After passing through the filters these controlled frequencies are blended together in a final amplifying stage. This layout is shown in the accompanying diagram.



78. On its completion comparative tests were carried out between it and the old amplifier, in which a group of deaf children was tested with each instrument for accuracy of a series of ten vowel sounds and ten consonant sounds. In order that this test might be carried out as satisfactorily as possible, the two instruments were placed in the same room and the test was given by the Headmaster himself in each case on the same day, whilst the children's responses were recorded by the same teacher. The following table shews the result of these experiments:—

Table 13.

No.	Case.	Old Amplifier.		New University Type.	
		Vowel Test.	Consonant Test.	Vowel Test.	Consonant Test.
1	J.S.	8	4	9	6
2	E.W.	5	2	7	3
3	P.H.	6	2	8	7
4	R.W.	8	4	10	7
5	A.T.	7	4	9	6
6	H.H.	6	2	8	6
7	M.B.	8	4	10	5
8	K.M.	3	1	7	3
9	H.R.	6	2	8	6
10	D.A.	9	3	8	9
11	L.W.	8	2	9	6
12	J.T.	3	0	7	6
	Totals...	77	30	100	70

The results shewed that the new apparatus was a distinct advance on the one which had been accepted for some years as the standard apparatus in the schools. It will be noted that the greatest improvement was shewn in the case of the consonants, an important achievement since, on the hearing of consonants, the intelligibility of speech largely depends.

It may be mentioned that when the Committee took over this apparatus from the University they also provided two microphones, one for the teacher's use and one for the children to speak into, so that all the children could not only hear the teacher but also the responses made by other children.

It will be appreciated that although the amplifier was primarily designed for class teaching it can also be used as a piece of research apparatus for determining how much a child can benefit from frequency correction by varying the settings of the three frequency controls.

It might be thought that the children attending the deaf school could be classified from their audiograms into three different groups, the children in each group having more or less similar deficiencies in their frequency range, and that the amplifier could be differently adjusted for each of these groups, but such a grading would not be practicable from an educational point of view because of the varying ages and educational attainments of the children who would comprise each of these groups.

Experiments are, therefore, being continued with the object of devising individual controls for each of the twelve telephones, whereby adjustments can be made in the frequency responses entering each telephone so as to get the best response for each child.

M.D. and P.D. Schools.

79. The accompanying return shews the results of the examinations made by the Certifying Officers for the ascertainment of mentally and physically defective children during the year.

Table 14.

	Referred as Physically Defective.	Referred as Mentally Defective.
Passed for M.D. Schools—Day	—	136
Passed for M.D. Schools—Residential	—	3
Passed for P.D. Schools—Day Special	71	4
Passed for P.D. Schools—Day Open Air	311	46
Passed for P.D. Schools—Residential	101	9
Passed for Epileptic Schools	7	1
To remain in ordinary schools	38	82
Postponed for further trial in ordinary school or for treatment	46	196
Unsuitable for any school (P.D.)	4	1
Private Tuition	—	1
Referred to Child Guidance Clinic	—	7
Referred for Mental examination	4	—
For examination for Cripples Workshop	1	—
For examination for Blind School	—	1
Total number of children examined	583	487

CASES NOTIFIED TO THE LANCASHIRE MENTAL HOSPITALS BOARD DURING THE YEAR.

1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :—	
(*a*) Idiots	2
(*b*) Imbeciles	26
(ii) Children unable to be instructed in a Special School without detriment to the interests of the other children :—	
(*a*) Moral defectives	—
(*b*) Others...	3
2. Feeble minded children notified on leaving Special Schools on or before attaining the age of 16 years	78
3. Feeble minded children notified under Article 3, of Regulation No. 659, i.e., "Special circumstances" cases	—
4. Children, who in addition to being mentally defective were blind or deaf	—
TOTAL	109

80. In addition to the examination of new cases referred for ascertainment, 2,568 examinations of children attending the schools for the mentally defective and the physically defective were made as required by the Education Act of 1921, with regard to their suitability for continuance in attendance.

81. The following Table shews (*a*) the accommodation, number on the rolls, and the average attendance in the various types of Special Schools provided by the Committee; and (*b*) the number of admissions and withdrawals during the year:—

(a) **Table 15.**

Schools for the	Accom-modation.	No. on Rolls, Dec., 1938.	Average Attendance Dec., 1938.
Mentally Defectives (Day)	728	598	504
Physically Defectives (Day)	946	915	727
Physically Defectives (Residential)	68	68	68
Partially-sighted (Classes)	160	110	94
Deaf	200	163	144

(b)

	M.D. Schools.	P.D. or Open-Air Schools.	Deaf School.	Partially Sighted Classes.
NEW ADMISSIONS	144	551	17	8
WITHDRAWALS :—				
1. At age limit (16 years)	*80	58	9	8
2. Under 16 years :				
(*a*) Decertified	11	251	3	—
(*b*) Found unsuitable mentally (Notified to Mental Deficiency Authority) ...	27	1	—	—
(*c*) Excused further attendance	19	14	—	9
(*d*) Certified as M.D.	—	8	—	—
(*e*) Transferred to Residential M.D. Schools	1	—	—	—
(*f*) Transferred to Partially Sighted Classes	—	3	—	—
(*g*) Left City, etc.	14	17	3	1
(*h*) Died	2	8	—	—
(*i*) Committed to Approved Schools	6	2	—	—
Total Withdrawals	160	362	15	18

* Of these, 58 were notified to the Mental Deficiency Authority for supervision, etc.

Of the nine Day Special Schools which the Committee maintain, three are double centres for physically and mentally defective children, two are schools for mentally defectives only, three are open-air schools for both delicate and physically defective children, and one is a school for the deaf. There is also a residential school at Woolton Vale for delicate children.

Medical Inspection and Treatment.

The Committee are also responsible for carrying on schools in three institutions, viz., the Alder Hey Hospital, Cleaver Sanatorium and Belmont Road Hospital, the first two schools being certified as Special Schools by the Board of Education.

82. The school medical officers carried out the medical inspection and re-inspections at some of the day special schools, and the following is a summary of the number of examinations made by them:—

Routine examinations	385
Re-inspections	1,325
Special inspections	49
Total	1,759

Facilities for treatment are available under the Committee's Schemes, 108 cases of defective vision being dealt with, comprising 31 new cases and 77 re-examination cases. In addition, 14 children were operated on at the tonsils and adenoids clinic, 24 were treated at the aural clinics and 15 at the scabies clinics. In the case of children suffering from crippling defects, full use was made of the facilities available at the orthopædic clinics. Dental treatment was also provided, details of which are given in the following paragraph:—

Dental Treatment at Hightown and Special Schools.

83. The following Table shews the work carried out during the year by the dental staff of the School Medical Department at the Special Schools and the Hightown Approved School:—

Table 16.

	Hightown.	Special Schools.	Total.
Number of inspection sessions	2	16	18
Number of treatment sessions	10	104	114
Total number of sessions	12	120	132
Number of children inspected	165	1,517	1,682
Number of children requiring treatment	110 (66·6%)	1,004 (66·1%)	1,114 (66·2%)
Number of children treated	57	828	885
Number of attendances made for treatment	67	890	957
Number of teeth extracted	42	1,657	1,699
Number of teeth filled	41	138	179
Number of other operations	17	21	38
Number of administrations of general anaesthetics ...	20	739	759

The acceptance rate for dental treatment at the Special Schools proved to be the same as in the preceding year, viz., 83 per cent., and it must be considered highly satisfactory that such a large proportion of the parents should regularly accept the Committee's offer of dental treatment for these children. The parents are, on the whole, anxious to co-operate in any measures which are considered necessary for the improvement of the health of their children, but it is customary to find each year a certain number of parents of the more delicate children who are reluctant to agree to dental treatment because they are genuinely apprehensive of the effect of the extraction of teeth upon the physical condition of the children. Under the circumstances this point of view can be understood, but it is, of course, a mistaken one, and no effort is spared, either by the head teachers or the dental officers, to persuade the parents that a refusal on these grounds to accept dental treatment is not in the best interest of their children.

An epidemic of infectious disease at the Hightown School in the latter part of the year caused serious interference with the scheme of dental treatment. As a result it was only possible, before the end of the year, to complete the treatment of approximately one-half of the boys who were found at the annual inspection in September to be suffering from dental defects. This treatment was, however, completed early in 1939.

84. The Committee retain 36 beds at the Chest Hospital's residential open-air school at Torpenhow, near Frankby. **Torpenhow.**

There were 79 Liverpool children admitted during the year, and during their period of residence there the average gain in weight was $7\frac{3}{4}$ pounds. Following their stay at Torpenhow the children are kept under special supervision by one of the school medical officers, and when considered advisable they are admitted to one of the day open-air schools, 37 being so transferred.

Miss Anson, the Matron, reports that though most of the children were pale and listless upon admission, after a stay of a few weeks, distinct benefit became obvious, and they soon developed a healthier colour and became active and alert. The average period of residence was six months.

There was an outbreak of chickenpox in the autumn, which held up admissions for a period of five weeks.

85. At the Underlea Day Open-Air School there is accommodation for 195 delicate children and 25 partially-sighted children. **Underlea.**

During the year 135 delicate children were admitted and 127 discharged. The average length of stay of the delicate children was 18 months, and their average attendance 86·8 per cent.

Mr. English, the Headmaster, in his report states:—"The monthly average gain in weight of the children was 13 ounces, a gain which is in marked contrast to that of rather less than 2 ounces for the Christmas Holiday month, which shews the beneficial effect of attendance at the open-air school upon the children's health.

For the third successive year, 100 per cent. of the parents accepted the advice of the school dental officer with regard to the need for dental treatment for their children.

Arrangements were made, commencing in October for six of the senior students of the Liverpool Physical Training College, to attend at the school for an hour twice each week, for the purpose of giving suitable remedial exercises to certain of the children selected by the Medical Officer. About twenty children suffering from respiratory catarrhal conditions were treated in two classes, and were given mobility exercises for the thorax and trained in correct breathing and posture.

A class of sixteen girls from eleven to thirteen years, and a class of twenty boys of the same ages, suffering from general debility, were also given a scheme of general activity exercises, including carefully graded exercises for the prevention of spinal and other deformities and trained in good posture. Each of these clasess, which occupied a period of about twenty minutes, was supervised by Miss Owen, a member of the staff of the above College and a qualified teacher of the Chartered Society of Massage and Medical Gymnastics.

The usual summer vacation school was attended by 196 children for all or part of the four weeks.''

Margaret Beavan D.O.A. School.

86. The Margaret Beavan Day Open-Air School provides accommodation for both delicate and physically defective children.

During the year the average number on roll was 198, the average attendance being 170. At the end of the year there were 198 in attendance, 115 of these children being physically defective and 83 delicate children.

Miss Kelly, the Head Mistress, reports that '' Additional space has now been allocated in the garden for additional plots for the

children upon which fruitful crops of vegetables and flowers have been grown.

The children are keenly interested in taking their daily meteorological observations.

In September an open-day was held for the parents who attended in large numbers. They were obviously much impressed by all the arrangements made for the welfare of their children.

A re-union of old scholars was also held, and it was then noticed that the physical improvement acquired whilst at school had been well maintained, a further satisfactory and encouraging feature was the ascertainment that 69 per cent. of them had been absorbed in the labour market.''

Fazakerley Open-Air School.

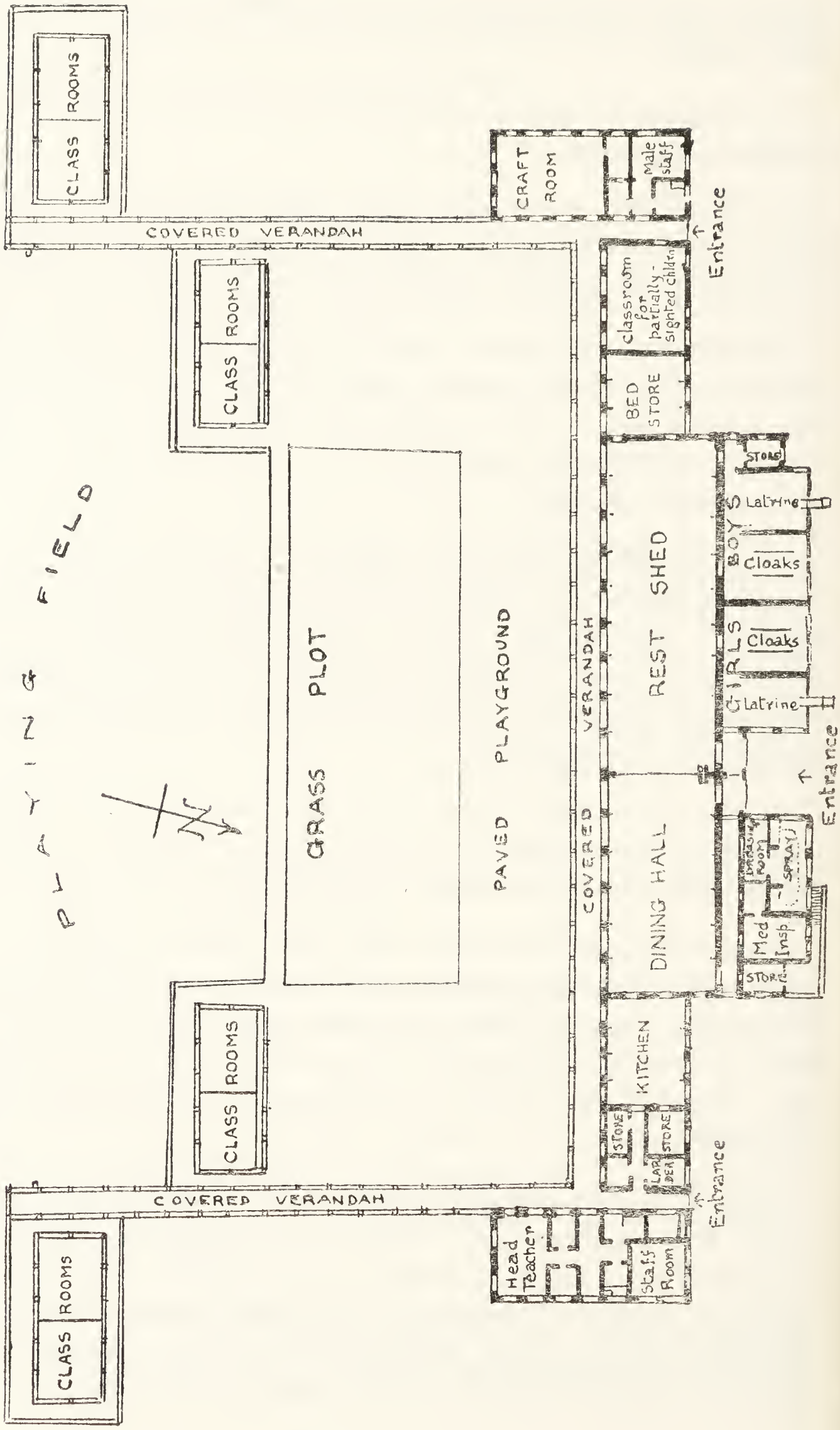
87. This school, which was opened in January, 1938, is planned to accommodate 300 children (280 delicate and 20 partially-sighted). The building, which stands facing south on an open site of over 5 acres, comprises a main block with two short wings, and four detached twin classrooms which are connected to the main building by covered ways.

In the main block are the kitchen, dining-room, rest-room, medical inspection and clinic room, spray bathroom, partially-sighted classroom, craft-room and staff-rooms.

In planning the school two ideas were kept in mind—(i) that every room should have as open and sunny an exposure as possible; (ii) that the rooms should be so placed in relation to each other that the general organisation of the school—meals, rest, hygiene, etc., should be carried out in as efficient and time-saving manner as possible.

Those who have practical experience of an open-air school will realise how important this is, since every minute of the day has to be carefully planned in order that, in addition to the prescribed period for lessons and recreation, the children should have time for breakfast, dinner and tea, an hour's mid-day rest, "spray" baths and the washing of hands and the cleaning of the teeth.

PLAN OF FAZAKERLEY OPEN-AIR SCHOOL



It will be seen from the accompanying plan that the kitchen opens directly into the dining-room at one end, and that the other end is adjacent to the staff-room block. This facilitates service of meals to both children and staff.

As the rest-room is connected with the dining-room by folding doors, there is easy access to it after meals, and if necessary, rest beds can overflow into the dining-room. The amount of rest room necessary in such a school presents a serious problem of space. The Board of Education in their latest memorandum allows for this purpose 20 square feet per child. The rest-room at Fazakerley, which appears to be a maximum size, would only on that basis, provide for 160 instead of 300 children. However, the covered way in front of the building and the folding doors between the rest hall and the dining-room overcome this difficulty. At one end of the rest-room there is a large store room for the folding rest beds. The dining-room and rest-room have sliding windows on the south side above a low parapet wall, and on the north wall transom lights above the windows.

The offices and cloakrooms for boys and girls open off the rest-room. This facilitates supervision and saves time before and after meals. There are wash basins in each cloakroom and space is provided on the walls for individual towels and toothbrushes.

Behind the dining-room, and near the kitchen, are the nurse's room, lavatory for the youngest children and the spray-bathroom with attached dressing-room, which the nurse supervises. There are 15 sprays in the bathroom, a number which facilitates the bathing of a large number of children.

In the main block, with windows on north and south sides, there is a room for 20 partially-sighted children in which all lessons involving reading and writing are taken with their own teacher. These children join with the rest of the school for physical training, music, oral lessons, geography and history, etc.

In the second wing there is a well-equipped handicraft room with adjoining storerooms for wood and general handwork materials. At the rear of the wing is placed the men's staff-room.

The head teacher's and other staff-rooms are in the other short wing, and it is possible for the head teacher, from her room, to have a complete view of the school, an arrangement which facilitates supervision.

Between the main building and the classrooms there is a large paved area (2,044 square yards) which provides a quickly drying surface on which the children can play or rest or do physical training. Since the field may often be too wet for them to run on, such a paved space makes it possible for the children to be more out of doors than they could otherwise be.

The large field space, on which the classrooms face, gives a real open-air character to the school and is available for healthy unrestricted free play and organised games which are so beneficial to the health and development of the children.

The twin classrooms are of an excellent type—with sliding windows on three sides and a sliding partition wall between the two classes. By putting the black-boarding on the partition, space has been saved, and on the north wall it has been possible to provide ample cupboard space, since the parapet there has been raised to 3 feet. On the other two sides of each class there is a parapet of approximately 2 feet which keeps draught from the children's feet. The floor area is 525 square feet (15 sq. feet per child for 35 children). This increased size has proved to be a great improvement, giving more space for movement, cupboards, individual chairs and desks, and thereby helping to increase the efficiency of the teaching.

The sliding partition wall has proved to be a great advantage, since for many purposes it is useful to be able to combine two classes, as in a large school one hall does not meet all requirements. It has not been found that the partition results in the noise

of one class interfering with another, as is apprehended in the Board's memorandum.

In equipping the building, the aim was, while ensuring the maximum degree of utility, to make the furnishings as attractive as possible, bright colours being used wherever suitable.

Since breakfast, dinner and tea are provided, the kitchen is an important part of the premises and has been built and equipped in conformity with modern standards of cleanliness and efficiency.

Each child is provided with certain equipment for rest and hygiene, all of which is individually marked. These include towels, toothbrush, comb, blankets, pillow and restbed. In addition, there have been provided a supply of boots and jerseys for use in school by those children who are insufficiently clad for the open-air life.

A medical officer visits the school once a fortnight to give routine medical examinations, and to see any children who are in need of special attention. Those children who have completely regained health are passed by the doctor as fit to return to public elementary schools. All dental work is carried out on the school premises by the school dental staff. In order that the children may benefit as much as possible from the nourishment, fresh air, rest, and medical supervision, the school is kept open for four out of the five weeks of the summer holiday, when a holiday school is run.

Daily health supervision and attention to minor ailments is given by the nurse, who also supervises the spray baths.

Woolton Vale Country School.

88. The Woolton Vale Country School has accommodation for 39 girls and 32 boys between the ages of five and sixteen years.

During the year 155 children were in residence, of which number 75 subsequently returned to elementary schools, 23 to the special schools, 7 did not return to any school whilst the remaining 50 were still in attendance.

The average length of stay during 1938 was $5\frac{1}{2}$ months and the average gain in weight $6\frac{1}{4}$ lbs.

There were 4 cases of infectious diseases amongst the children, one each of diphtheria, chicken pox, german measles and scarlet fever.

A number of the children admitted this year were suffering from bronchial asthma, most of which cases shewed great improvement, in some instances the attacks became less frequent and in others there were no attacks after admission.

The children during their stay were inoculated against diphtheria and received dental treatment.

Other Residential Accommodation.

89. In addition to the special schools and the accommodation provided at Torpenhow, the Committee have an option on three beds at the West Kirby Convalescent Home, also on six beds (mainly for heart cases) at the Liverpool School of Recovery, and they are able to secure some places at the Maghull Home for Epileptics. During the course of the year, one case has been in residence at West Kirby, and eight at the School of Recovery, whilst eleven cases have been maintained at the Home for Epileptics.

Certain mentally defective children require to be admitted to residential special schools, and during the year 16 defectives were maintained by the Committee at "Pontville" Roman Catholic Special School, Ormskirk, 9 at Allerton Priory Roman Catholic Special School, Woolton, and 3 at Dovecot Horticultural School for Mentally Defective Girls, Knotty Ash.

HIGHER SCHOOLS.

90. The arrangements for the medical inspections at higher schools are as follows:—All pupils are given a full routine examination during their term of entry, and again at the age of 12 and thereafter annually. All cases found to have defects are re-inspected twice annually with regard to the particular defects.

Special cases may be brought forward for examination by the doctors at any of their visits.

There is no following-up carried out at the homes, but the head teachers use their influence with the parents to persuade them to have any defects requiring treatment remedied.

All forms of treatment which have been provided for the children in the public elementary schools (except dental) are available for the pupils attending the higher schools whose parents are unable to afford private treatment. The arrangements for recovering any charges made are, that the parents, having signed an agreement form to pay the sum required, after completion of the treatment, make their payments at certain convenient centres throughout the City.

In the case of pupils with defective sight, whose parents cannot quite afford the customary full fee of a private specialist, certain of the eye specialists have agreed to treat them at a modified fee.

The number of schools visited during the year was 22, one more than in 1937, one non-provided, Notre Dame Collegiate, having been included within the scheme, and the numbers of medical inspections carried out were as follows:—

Routine cases	8,931
Re-inspections	7,321
Special cases	319

The number of routine cases having defects for which they were referred for treatment was 761 (8·5 per cent.), some of these having multiple defects. Defects of the nose and throat were noted in 612 children (6·8 per cent.); ear disease in 262 (2·9 per cent.) and organic heart disease in 70 (·78 per cent.) of the children.

91. The general standard of health of the pupils is higher than that of the public elementary school children. Their nutritional state is very good, only 2·39 per cent. being graded as slightly subnormal.

Insufficient use is made of the facilities provided for hot mid-day dinners at the schools. The majority of the children either bring their own lunches to school or have mid-day meals at home, which, in the case of those living at a distance, have perforce to be hurried.

Organised games and physical training undoubtedly have a beneficial effect on the well-being of the pupils, but both the provision of facilities and the use made of those available vary considerably. The reports of the school medical officers inspecting the higher schools indicate that the prevalence of postural defects is influenced by the time given to these activities. In a number of the schools the physical training instructor has arranged special remedial classes for cases of postural defects, with beneficial results.

92. Commenting upon the question of "flat feet" among higher school girls, Dr. Walters states:—

> "It is commonly considered that the wearing of heelless "shoes is a contributory factor in the production of this "defect. In one school, where heelless crêpe rubber-soled "gym shoes of the sandal type are worn all day, 27 (7·6 per "cent.) have flat feet.
>
> "In another school where the girls wear heeled shoes, some "the "ward shoe" type and some the "Cuban heel" type, "the number of cases of "flat feet" was, rather surprisingly, "somewhat higher, namely 29 (9·8 per cent.)."

93. Concerning the question of occupational guidance, Dr. Power considers it important to discuss with higher school boys, at about the age of 15, their proposed future vocations. Not uncommonly, he states, he had found boys who intended ultimately to try to enter either one of the Civil Services or those of H.M. Forces, but who had certain physical defects which would almost certainly have debarred them from being passed as physically fit for such Services. If such defects be remediable, he stresses the importance of having them remedied as soon as possible, but if the defects, in his opinion, be not capable of being corrected up to

the standard required, he then discusses with the boys other vocations in which they would be interested and from which they would not be debarred.

At certain schools the head teachers incorporate in their terminal school-reports useful reminders to the parents as to the desirability of obtaining any treatment which has been recommended.

94. The heights and weights of pupils due for routine inspection have been recorded by the gymnastic instructor, where there is such an official, and in other cases by the school medical officers. The following Table shews the results in inches and pounds respectively:—

Table 17.

Age.	Boys.			Girls.		
	Number examined.	Height.	Weight.	Number examined.	Height.	Weight.
8	31	50·4	56·9	26	49·3	60·0
9	25	50·5	63·1	38	52·0	64·4
10	74	54·6	69·1	54	54·8	69·7
11	384	55·8	74·9	291	56·9	77·8
12	516	57·7	80·9	435	59·1	86·8
13	725	60·0	90·8	498	61·1	101·1
14	921	61·7	102·4	409	62·4	106·2
15	750	65·1	114·2	323	63·1	117·5

JUNIOR INSTRUCTION CENTRES.

95. The scheme for providing medical inspection and treatment for juveniles in Junior Instruction Centres, which was commenced in the latter half of the year 1937 has now become well established. The work, however, presents certain administrative difficulties such as do not arise in the case of the elementary schools.

96. The Committee has now provided 5 centres for boys and 3 for girls. Arrangements have been made for one of the doctors to attend at each of these centres once or twice a fortnight, according to the size of the centre. Before each of these visits the Superintendents select any special cases which they would like to have examined on account of malnutrition, defective vision, deafness, alleged unfitness for games, etc. These names are submitted to the Office and any supervision cards relating to them, which may be in existence when they were in attendance at the elementary schools, are forwarded to the centres for the information of the doctor, at the time of his examinations. In this connection a total of 2,636 juveniles were examined, 1,591 of these being boys, and 1,045 girls. The total number of examinations made during the year was 3,529 which number includes reinspection cases. In the course of these examinations it was found necessary in the case of 140 boys and 103 girls either to prohibit or to make certain modifications in their participation in games.

The following table shows the number of individuals found to require treatment together with the number treated.

Table 18.

Defect.	Number found to require treatment.	Number treated under Committee Scheme.
Defective vision	380	272
Dental caries	1,134	449
Subnormal nutrition	1,221	1,162
Orthopædic and postural	196	*26
Aural	101	20
Minor ailments	554	554

* These cases were treated at the Orthopædic clinics, whilst many of the remaining cases were referred for special remedial exercises to the physical instructors at the centres.

Arrangements have been made for the Committee's schemes of treatment to be available to juveniles for the treatment of minor ailments, defective vision, aural and orthopædic defects.

97. In the case of dental treatment the Committee did not feel justified in allowing the juveniles to attend the dental clinics, whilst there was still work among the elementary school children which could not be undertaken because of shortage of staff. Accordingly alternative arrangements were made whereby the Dental Hospital would carry out the treatment for any cases recommended by the school medical officers. After some months working under this arrangement, it was found that many of the juveniles who had attended at the hospital for extractions failed subsequently to keep appointments made for conservative treatment. The Medical Officer therefore arranged with the Dental Hospital authorities to provide appointment cards for the juveniles on which the date of the required next attendance would be inserted, which appointment cards were to be returned to the superintendents, who would endeavour to see that the juveniles returned to the Hospital until such time as all treatment had been completed. The Dental Hospital were also asked, in the case of all juveniles attending, to record, at the first visit, all work necessary, and to report to the Medical Officer on the conclusion of treatment the exact nature of all work which had been carried out. Under these new arrangements it is to be hoped that much more conservative dentistry will be carried out.

In view of the brief attendances which many of the juveniles make at these centres every effort is made to expedite any necessary treatment and, under the circumstances, the amount of treatment given, as shown in the accompanying table, is considered very satisfactory. Such success is attributable to the zeal of the medical officers concerned and the whole-hearted co-operation of the superintendents.

98. All cases of subnormal nutrition were recommended for free milk, there being 1,162 such cases representing 44 per cent.

of the juveniles examined. In 23 cases recommendations for extra nourishment were made to the Public Assistance Committee and 10 cases were also referred to the Unemployment Assistance Board.

These figures cannot be regarded as a basis for ascertaining the incidence of subnormal nutrition amongst the juveniles, since the cases examined were a selected group, there being no routine assessment of all those in attendance, as in the case of the elementary school children. The Committee, during the latter part of the year, had under consideration a scheme for providing free meals to those juveniles recommended by the school medical officers to be in need of them.

99. One of the greatest difficulties which has been encountered is the prevalence of uncleanliness, particularly of the heads of the girls. Since no statutory powers, such as Sec. 87 of the Education Act, for dealing with this problem in children, exist for combating this problem in juveniles it is almost impossible to form a satisfactory scheme. Some of the superintendents, considering this handicap, have done remarkably well in persuading the girls with infected heads to attend the Corporation cleansing stations.

100. Mrs. Dalgleish, the superintendent at one of the girls' junior instruction centres, commenting on the large number of girls who have verminous infestation of their heads states: "It is deplorable that the girls do not appreciate the seriousness of allowing their heads to become infected with vermin. Another disconcerting factor is that several girls in recent months have lost their chance of obtaining employment on account of this condition. On questioning them I have been somewhat perturbed on ascertaining that a number of the girls had been previously employed in work entailing the handling of food or the making of wearing apparel. It would appear that the fashion of having the hair permanently waved is partly responsible for the subsequent neglect to keep it clean."

101. Dr. Lacey, one of the school medical officers, comments on the demoralised outlook of a number of the girls, as evidenced by the lack of personal cleanliness, and occasional suspicion of pregnancy. A number also fail to take advantage of the treatment facilities offered. In some cases of malnutrition for which they are being given free milk, they decline to get their teeth treated, even when it is pointed out to them that their teeth are responsible for their poor condition of health. Dr. Lacey was of the opinion that most of these girls have too much time on their hands and would certainly benefit by additional instruction, which could be given them if they were called upon to attend full-time.

JUVENILE EMPLOYMENT BUREAU.

102. The work of the Juvenile Employment Committee has been satisfactorily maintained during the year, and the local employment position as regards boys and girls under the age of 18 years continues to show steady improvement. Fluctuations in juvenile employment are now less apparent, and, in the main, there is more continuity of employment for boys and girls in industry, although the incidence of unemployment among young persons, as illustrated by the live register figures, is still exceptionally heavy.

There has been a decline in the number of registrations for employment during the past year, the total number of applications for employment and advice being 29,282 (14,478 boys, 14,804 girls) as compared with 31,062 (15,635 boys, 15,427 girls) for the year 1937. Of the total number who registered, 9,728 (4,882 boys, 4,846 girls) were school leavers seeking their first situations, a figure 1,192 less than that for the preceding year.

103. Satisfactory co-operation has been maintained with employers during the year, although 1,365 fewer vacancies have been notified to the Bureau, the total figure for the year being 19,715 (9,046 boys and 10,669 girls) as compared with 21,080 (9,773 boys and 11,307 girls) for the preceding year. This fact has resulted in a decrease in the number of juveniles placed by the

Bureau, the total for the year being 16,044 (7,475 boys and 8,569 girls) a reduction of 1,489 (660 boys and 829 girls) in the figure for last year.

The reduction in the number of boys placed by the Bureau is spread over various occupations, such as factories, warehouses and the distributive trades, but an increased number of boys have been placed in commercial occupations, and also in skilled trades. In the case of girls, there has been a lessened demand for their services in such employments as rubber shoe making, labelling, packing and offices, and it has not been possible, owing to the dearth of applicants, to place as many in domestic service as compared with last year. The following is a comparative statement of placings by the Bureau, viz. :—

	Year ended 31.7.1938.			Year ended 31.7.1937.		
	B.	G.	T.	B.	G.	T.
Clerical and Commercial	867	1,005	1,872	860	1,108	1,968
Trades and Businesses	405	—	405	326	—	326
Domestic Service	—	585	585	—	631	631
Shop Workers, Messengers, etc. ...	2,927	1,539	4,466	3,628	1,590	4,858
Factories, Warehouses or other miscellaneous occupations	3,276	5,440	8,716	3,681	6,069	9,750
	7,475	8,569	16,044	8,135	9,398	17,533

104. Bureau Officers have continued to interview all prospective school leavers at school, with the full co-operation and support of the head teachers. Altogether 1,054 visits were made to schools, and 12,746 juveniles (6,367 boys, 6,379 girls) were interviewed. The number of parents who availed themselves of the opportunity of being present at the school conferences was 2,577. These conferences provide the opportunity for Bureau Officers to give short talks to school leavers, collectively, on matters of general interest; for example, Bureau services, facilities for continued education, Health and Unemployment Insurance, the encouragement of physical fitness, and the need of attention to impaired

eyesight, teeth, and other defects that may arise after entry into industry. In addition, all prospective leavers are interviewed individually, and matters concerning the post-school careers of young people are discussed in the presence of the head teachers.

105. The Higher Education Section of the Bureau has been well maintained during the year, the facilities provided being increasingly utilized by ex-pupils of secondary schools and their parents on the one hand, and by employers on the other. 337 boys and 248 girls registered at this section of the Bureau after leaving school, while 72 boys and 73 girls who had previously held posts but had fallen out of work re-registered for further employment. 186 boys and 240 girls were placed in employment, the total figure of 426 showing an increase of 42 over that for the previous year.

106. The work of advising and placing in employment ex-scholars from special schools continued to engage the special attention of the Committee, and individual efforts are made to secure suitable openings for sub-normal juveniles. During the year there was a decrease of 85 (33 boys, 52 girls) in the total number of boys and girls registering with the Bureau for employment. The number of school leavers who were dealt with was 145, viz.:—101 boys, 44 girls. In addition, the re-registration of juveniles, who had held some form of employment but had fallen out of work, was effected in the case of 25 boys and 36 girls (total 61), a decrease of 39 on the 1937 figures. 148 juveniles (98 boys, 50 girls) were interviewed at special schools during the year. The school conference system occupies a prominent place in the choice of employment work of the Special Schools' Section of the Bureau. In addition to head teachers, juveniles and parents, the conferences are attended by the school medical officers and the inspectress for special schools as well as by the special schools' employment officer. There is thus an exceptional opportunity of discussing the future of sub-normal children from all aspects. Regular visits are made to selected employers with a view to finding openings suitable for these juveniles, and the result has been that in all, 41 boys and 42 girls (total 83) were found employment by

the Bureau in the twelve months under review. These figures show a decrease of 34 on those of last year, but they are considerably in excess of those for the previous year. At a time, when unemployment among normal juveniles is high, it is admittedly difficult to influence employers to give special consideration to sub-normal juveniles, although not a few employers have shown a disposition to do so in this direction. Special After-Care Meetings are held at the Bureau quarterly, and considering the more or less severe nature of the handicaps from which many of the juveniles suffer, the response to the Committee's invitations has been gratifying. After-Care Meetings and parties held at the schools also afford the bureau officer additional opportunity of meeting old scholars of the special schools and ascertaining their progress.

107. The Committee's After-Care Scheme, the general features of which apply to boys and girls from public elementary schools, has been continued on the usual lines throughout the year, with the valuable co-operation of members of the After-Care Sub-Committee. Invitations to attend the weekly Rota meetings were issued to all juveniles placed in employment by the Bureau, and also to many who secured work by their own efforts. A total of 258 meetings have been held during the year, and 13,600 invitations (6,821 boys, 6,779 girls) were issued to juveniles. Of those invited 2,295 boys and 1,668 girls (total 3,963) availed themselves of the opportunity of personal attendance at the meeting, while letters were received from 4,306 juveniles (1,842 boys, 2,464 girls) who were unable to respond to the Committee's invitation to be present at the meetings.

Since the 1st April, 1937, which was the Second Appointed Day for the operation of Unemployment Assistance Regulations under the Unemployment Insurance Act, 1934, the duties falling to be discharged in this section of the Committee's work have been considerably increased in so far as, with few exceptions, all unemployed juveniles between the ages of 16 and 18 years may qualify, according to the circumstances in each case, either for

unemployment benefit or unemployment assistance. As a period of more than twelve months has now elapsed since the introduction of the new conditions, some indication of the full effect of the added duties may be gathered from the following figures recording the number of applications dealt with during the past year:—

	Boys.	Girls.	Total.
No. of fresh Claims to U.I. Benefit ...	4,961	4,302	9,263
,, ,, ,, ,, ,, U. Assistance	958	592	1,550
No. of renewal Claims to U.I. Benefit...	5,560	3,746	9,306
,, ,, ,, ,, ,, U. Assistance	2,739	608	3,347

A sum of £41,385 has been paid during the year on these claims, viz.:—£26,169 as Unemployment Insurance Benefit and £15,216 as Unemployment Assistance. These figures represent an average of 1,542 boys and 778 girls—a total of 2,320 young people—paid each week. The number of juveniles entering the insurable employment field during the past year has increased by 180. This is indicated by the issue of 17,433 Unemployment Insurance Books to new entrants as against 17,253 last year.

The Committee have continued to avail themselves of the various training schemes available for unemployed boys in their area. 51 boys were admitted to the Committee's Nautical School of Cookery, and on completion of training, went to employment either in hotel work or on ships. The Gravesend Sea Training School, maintained by the Shipping Federation Ltd., also accepted 59 Liverpool boys for courses of training in various sea-going occupations, suitable sea employment being assured in due course. In addition, a number of boys have been transferred during the year to undergo various types of training, viz.:—

59 boys under the Y.M.C.A. Schemes for training in farm employment.

22 boys under the Y.M.C.A. Schemes for training in hotel employment.

14 boys under the Boy Scouts' Association Scheme for training in domestic employment.

13 boys for a restorative course at the Pennine Grange Junior Transfer Centre prior to placement away from home.

All boys who undertook the respective courses were subsequently placed in approved employment in various districts, their placing and supervision being in accordance with the Juvenile Transference Scheme of the Ministry of Labour.

Juveniles who find difficulty in obtaining employment in the local area continue to come forward for transfer to employment elsewhere, under the Juvenile Transference Scheme of the Ministry of Labour. Thus 84 boys were transferred to industrial employment in the Birmingham area, and 183 boys were transferred to London and other parts of the country for employment chiefly in hotels and various manufacturing industries. In addition, 45 boys were accepted for a short period of "toning-up" at the Ministry of Labour camps at Skegness and Sandwich prior to their placement in suitable employment in the South and the Midlands.

108. The Authority's Williamson Hostel—originally established for farm training purposes—has now been adapted for use as a Junior Transper Centre for boys who, in the opinion of the school medical officers, require some special attention, chiefly as regards their physical condition and general outlook, in order to fit them for employment away from their homes. The Centre, which accommodates 18 boys, was opened on the 28th March, 1938, and 74 boys were admitted up to the end of 1938. Of these 17 were subsequently discharged, chiefly on medical grounds or for reasons of homesickness, 42 were transferred to industrial work in the London area and Birmingham, and 15 are at present undergoing training at the Centre. So far the results have been very encouraging; the boys show steady improvement during their stay at the Centre and, after a period of 8 to 12 weeks according to their progress, proceed to employment on a certificate of fitness given by the centre medical officer and superintendent,

Requirements to attend Junior Instruction Centres, in accordance with the Unemployment Insurance Act, 1935, have been issued to 20,386 juveniles (10,788 boys and 9,598 girls) during the year. In the main, satisfactory attendance was immediately secured, with the co-operation of the school attendance visitors, but it was found necessary to refer the cases of 1,606 juveniles (766 boys and 840 girls) to the Boards of Assessors for failing to attend, irregular attendance or misbehaviour at the Centres. This action did not have the desired result in the cases of 96 juveniles (43 boys and 53 girls) and, on the authority of the Ministry of Labour, legal proceedings were taken against them (or their parents). Fines were imposed in the cases of 16 boys and 15 girls; 2 boys were committed to Approved Schools; and one girl was placed on probation. The remaining 62 prosecutions were withdrawn on evidence that the juveniles concerned had either resumed attendance at the Centres or secured employment.

109. The Bureau continues to receive the co-operation of the School Medical Service. Boys and girls whose general health or physical condition appears to show impairment are referred to the school medical officers for examination, and advice is given to assist bureau officers in their placement duties. School medical officers also examine boys recommended for almission to the Junior Transfer Centre at the Williamson Hostel, and furnish the necessary medical certificates under the Scheme. In certain cases of direct transfer to employment outside Liverpool the school medical officers also conduct the medical examinations. The services thus rendered are of great value and assistance to the Juvenile Employment Committee in the discharge of their various duties, and enable many juveniles to undergo beneficial treatment, e.g., dental, optical, etc., the necessity for which, but for the close co-operation existing between the School Medical Services and the Juvenile Employment Bureau, might in the large majority of cases remain undiscovered.

W. M. FRAZER,

Medical Officer to the
Education Authority.

Appendix A.

MEDICAL INSPECTION RETURNS.

Year ended 31st December, 1938.

TABLE I.

MEDICAL INSPECTIONS OF CHILDREN ATTENDING PUBLIC ELEMENTARY SCHOOLS.

A.—Routine Medical Inspections.

Number of Inspections in the Prescribed Groups:—	
Entrants	14,659
Second Age Group	14,212
Third Age Group	11,269
Total	40,140

B.—Other Inspections.

Number of Special Inspections	67,109
Number of Re-Inspections	130,742
Total	197,851

C.—Children Found to Require Treatment.

Number of individual children found at Routine Medical Inspection to Require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group. (1)	For defective vision (excluding squint). (2)	For all other conditions recorded in Table IIA. (3)	Total. (4)
Entrants	41	3,132	3,149
Second Age Group	783	2,399	3,054
Third Age Group	765	1,498	2,167
Total (Prescribed Groups) ...	1,589	7,029	8,370

MEDICAL INSPECTION RETURNS.

TABLE II.

ELEMENTARY SCHOOL.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1938.

Defect or Disease.	Routine Inspections. Number of Defects.		Special Inspections. Number of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Skin—				
(1) Ringworm—Scalp	4	—	38	—
(2) ,, Body	16	—	261	—
(3) Scabies	77	—	1,385	—
(4) Impetigo	90	—	2,746	—
(5) Other Diseases (Non-Tuberculous)	189	198	1,568	82
Total (Heads 1 to 5) ...	376	198	5,998	82
Eye—				
(6) Blepharitis	208	300	1,270	96
(7) Conjunctivitis	42	34	1,586	20
(8) Keratitis	12	—	20	—
(9) Corneal Opacities	—	23	—	15
(10) Other Conditions (excluding Defective Vision and Squint) ...	35	92	717	38
Total (Heads 6 to 10) ...	297	449	3,593	169
(11) Defective Vision (excluding Squint)	1,589	2,890	2,021	657
(12) Squint	1,002	1,136	1,421	200
Ear—				
(13) Defective Hearing	75	322	53	73
(14) Otitis Media	316	261	2,193	60
(15) Other Ear Diseases	106	145	1,165	56
Nose and Throat—				
(16) Chronic Tonsillitis only	682	3,506	286	478
(17) Adenoids only	88	172	49	43
(18) Chronic Tonsillitis and Adenoids ...	259	651	169	100
(19) Other Conditions	762	611	280	192

TABLE II.—Continued.

Defect or Disease.	Routine Inspections. Number of Defects. Requiring Treatment.	Routine Inspections. Number of Defects. Requiring to be kept under observation, but not requiring Treatment.	Special Inspections. Number of Defects. Requiring Treatment.	Special Inspections. Number of Defects. Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
(20) Enlarged Cervical Glands (Non-Tuberculous)	45	651	28	93
(21) Defective Speech	85	584	43	249
Heart and Circulation—				
Heart Disease—				
(22) Organic	—	108	9	39
(23) Functional	4	1,575	40	397
(24) Anaemia	189	254	116	82
Lungs—				
(25) Bronchitis	555	1,258	160	199
(26) Other Non-Tuberculous Diseases ...	76	398	42	70
Tuberculosis—				
Pulmonary—				
(27) Definite	—	—	—	—
(28) Suspected	—	1	9	2
Non-Pulmonary—				
(29) Glands...	6	43	3	18
(30) Bones and Joints	2	7	15	4
(31) Skin	—	2	—	1
(32) Other Forms	3	32	13	11
Total (Heads 29 to 32)	11	84	31	34
Nervous System—				
(33) Epilepsy	11	57	2	8
(34) Chorea...	47	—	124	—
(35) Other Conditions	73	306	56	102
Deformities—				
(36) Rickets	26	194	11	35
(37) Spinal Curvature	44	44	11	14
(38) Other Forms	135	178	68	54
(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases ...	2,647	4,181	34,392	1,379
Total Number of Defects	9,500	20,214	52,370	4,867

TABLE II.—Continued.

B.—Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-groups.	Number of Children Inspected.	A. (Excellent).		B. (Normal).		C. (Slightly subnormal).		D. (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants ...	14,659	714	4·87	12,932	88·20	989	6·76	24	0·17
Second Age-group	14,212	1,011	7·10	12,150	85·50	1,034	7·28	17	0·12
Third Age-group	11,269	1,372	12·18	9,429	83·67	466	4·13	2	0·02
TOTAL	40,140	3,097	7·72	34,511	85·97	2,489	6·20	43	0·11

ELEMENTARY SCHOOLS.

Table III.

Numerical Return of all Exceptional Children in the Area at the end of 1938.

			Boys.	Girls.	Total.
BLIND	(i) **Suitable for training in a School for the totally blind.**	At Certified Schools for the Blind	16	8	24
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
		TOTALS	16	8	24
PARTIALLY BLIND	(ii) **Suitable for training in a School for the partially blind.**	At Certified Schools for the Blind	—	—	—
		At Certified Schools for the Partially Blind...	60	50	110
		At Public Elementary Schools	10	11	21
		At other Institutions	—	—	—
		At no School or Institution	1	—	1
		TOTALS	71	61	132
DEAF	(i) **Suitable for training in a School for the totally deaf or deaf and dumb.**	At Certified Schools for the Deaf	35	38	73
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
		TOTALS	35	38	73
PARTIALLY DEAF	(ii) **Suitable for training in a School for the partially deaf.**	At Certified Schools for the Deaf and Partially Deaf	13	12	25
		At Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
		TOTALS	13	12	25
MENTALLY DEFECTIVE	**Feeble-minded** ...	At Certified Schools for Mentally Defective Children	362	241	603
		At Public Elementary Schools	6	5	11
		At other Institutions	7	2	9
		At no School or Institution	13	9	22
		TOTALS	388	257	645
EPILEPTICS	**Suffering from severe epilepsy.**	At Certified Special Schools	15	11	26
		At Public Elementary Schools	1	—	1
		At other Institutions	2	1	3
		At no School or Institution	7	12	19
		TOTALS	25	24	49
PHYSICALLY DEFECTIVE	**Pulmonary tuberculosis requiring treatment (including pleura and intrathoracic glands)**	At Certified Special Schools	28	27	55
		At Public Elementary Schools	—	—	—
		At other Institutions	2	8	10
		At no School or Institution	10	6	16
		TOTALS	40	41	81

ELEMENTARY SCHOOLS.

Table III—Continued.

			Boys.	Girls.	Total.
PHYSICALLY DEFECTIVE (continued)	**Non-pulmonary tuberculosis (all forms)**	At Certified Special Schools	46	41	87
		At Public Elementary Schools	1	2	3
		At other Institutions	5	6	11
		At no School or Institution	8	8	16
		TOTALS	60	57	117
	Delicate Children, i.e., all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Special Schools	361	308	669
		At Public Elementary Schools	288	265	553
		At other Institutions	5	5	10
		At no School or Institution	37	40	77
		TOTALS	691	618	1309
	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Special Schools	159	98	257
		At Public Elementary Schools	2	4	6
		At other Institutions	11	5	16
		At no School or Institution	38	25	63
		TOTALS	210	132	342
	Children with heart disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Special Schools	63	85	148
		At Public Elementary Schools	3	9	12
		At other Institutions	3	9	12
		At no School or Institution	25	49	74
		TOTALS	94	152	246

ELEMENTARY SCHOOLS.

Table III—Continued.

Children Suffering from Multiple Defects and the Type of School, if any, attended.

Combination of Defects.	School attended, etc.	Boys.	Girls.	Total.
Deafness and Mental Defect ...	At no School or Institution	1	—	1
Deafness and Crippling	At Certified School for the Deaf	—	1	1
Mental Defect and Epilepsy ...	At Certified Special School	—	1	1
	At no School or Institution	1	1	2
Mental Defect and Active Tuberculosis	At other Institutions	1	—	1
Mental Defect and Crippling ...	At Certified Schools for Mentally Defective Children	8	3	11
Mental Defect and Heart Disease	At Certified Schools for Mentally Defective Children	—	2	2
	At no School or Institution	1	1	2
Epilepsy and Crippling	At Certified Special Schools...	1	—	1
	TOTALS	13	9	22

ELEMENTARY SCHOOLS.

TABLE IV.

Return of Defects treated during the Year ended 31st December, 1938.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group VI).

Disease or Defect. (1)	*Number of Defects treated, or under treatment during the year. Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm—Scalp—(1) X-Ray Treatment ...	20	1	21
(2) Other Treatment ...	—	46	46
Ringworm—Body	246	3	249
Scabies	693	993	1,686
Impetigo	2,639	29	2,668
Other Skin disease	1,454	144	1,598
Minor Eye Defects— (External and other, but excluding cases falling in Group II)	3,334	160	3,494
Minor Ear Defects	3,162	313	3,475
Miscellaneous— (e.g. minor injuries, bruises, sores) chilblains, etc.)	32,455	160	32,615
Total	44,003	1,849	45,852

*The numbers in Group I of this Table refer almost wholly to children treated at the Committee's Clinics. No reliable information is obtainable as to the number of cases treated elsewhere.

ELEMENTARY SCHOOLS.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments, Group I).

Defect or Disease.	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total
(1)	(2)	(3)	(4)
Errors of Refraction (including Squint)—			
New Cases	2,796	252	3,048
Re-examinations	2,967	59	3,026
Total	5,763	311	6,074
Other Defect or Disease of the eyes (excluding those recorded in Group I)	12	80	92
Total	5,775	391	6,166

Total number of Children for whom Spectacles were prescribed:

(*a*) Under the Authority's Scheme 4,722

(*b*) Otherwise 311

Total number of Children who obtained or received Spectacles:

(*a*) Under the Authority's Scheme 4,690

(*b*) Otherwise 311

Group III.—Treatment of Defects of Nose and Throat.

	Number of Defects.				
	Received Operative Treatment.				
	Under the Authority's Scheme, in Clinic or Hospital. (1)	By private practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)	Received other forms of treatment. (4)	Total number treated. (5)
Tonsils only	865	85	950	15	965
Adenoids only	115	16	131	3	134
Tonsils and Adenoids ...	245	97	342	7	349
Other defects of the nose and throat	—	8	8	31	39
Total	1,225	206	1,431	56	1,487

Group IV.—Orthopædic and Postural Defects.

	Under the Authority's Scheme.			Otherwise.			
	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an Orthopædic Clinic.	Residential treatment with education.	Residential treatment without education.	Non-Residential treatment at an Orthopædic Clinic.	Total Number Treated.
Number of children treated	—	—	741	10	40	78	828

ELEMENTARY SCHOOLS.

Group V.—Dental Defects.

(1) Number of Children

(*a*) Inspected :—

Routine Age Groups	Aged 5	—			
	6	8,473			
	7	8,258			
	8	8,488			
	9	8,540			
	10	8,309	Total ...	...	67,570
	11	8,073			
	12	7,892			
	13	8,209			
	14	1,328			
Specials					4,141
			Grand Total		71,711

(*b*) Found to require treatment 58,057

(*c*) Actually treated 29,985

(2) Half-days devoted to	Inspection	475	Total ...		6,360
	Treatment	*5,885			

* This figure also includes 1,791 sessions in which a Dental Officer acted as Anæsthetist.

(3) Attendances made by children for treatment 50,099

(4) Fillings ...	Permanent Teeth ...	10,515	... Total ...		10,515
	Temporary Teeth ...	—			
(5) Extractions ...	Permanent Teeth	24,433	... Total ...		91,161
	Temporary Teeth	66,728			

(6) Administrations of general anæsthetics for extractions 32,131

(7) Other operations	Permanent Teeth ...	1,515	... Total ...		1,515
	Temporary Teeth ...	—			

ELEMENTARY SCHOOLS.

Group VI.—Uncleanliness and Verminous Conditions.

(1) Average number of visits per school made during the year by the School Nurses ... ... 55·6

(2) Total number of examinations of children in the Schools by School Nurses 380,013

(3 Number of individual children found unclean 24,130

(4) Number of individual children cleansed under Liverpool Corporation Act, 1921. 32

Note.—Voluntary cleansings are shewn in paragraph 69 of this Report.

(5) Number of cases in which legal proceedings were taken :—

(*a*) Under the Education Act, 1921 ... ... —

(*b*) Under School Attendance Byelaws ... ... —

(*c*) Under Liverpool Corporation Act, 1921 :

Informations ... ... —

Discharged with a caution ... ...

Appendix B.

MEDICAL INSPECTION RETURNS.

TABLE I.

MEDICAL INSPECTIONS OF CHILDREN ATTENDING HIGHER SCHOOLS.

A.—Routine Medical Inspections.

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS—

Age.	Boys.	Girls.	TOTAL.
8 years	54	57	111
9 years	49	120	169
10 years	114	151	265
11 years	589	443	1,032
12 years	940	616	1,556
13 years	1,033	599	1,632
14 years	1,256	568	1,824
15 years	986	433	1,419
16 years	369	238	607
17 years	192	124	316
TOTAL	5,582	3,349	8,931

B.—Other Inspections.

NUMBER OF SPECIAL INSPECTIONS	319
NUMBER OF RE-INSPECTIONS	7,321
TOTAL	7,640

C.—Children found to require Treatment.

Number of individual children found at Routine Medical Inspection to Require Treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group. (1)	For defective vision (excluding squint). (2)	For all other conditions recorded in Table IIA. (3)	Total (4)
TOTAL ROUTINE INSPECTIONS ...	360	468	761

HIGHER SCHOOLS.

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1938.

Defect or Disease.	Routine Inspections. Number of Defects. Requiring Treatment.	Routine Inspections. Number of Defects. Requiring to be kept under observation, but not requiring Treatment.	Special Inspections. Number of Defects. Requiring Treatment.	Special Inspections. Number of Defects. Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Skin—				
(1) Ringworm—Scalp	—	—	—	—
(2) ,, Body	—	—	—	—
(3) Scabies	—	—	—	—
(4) Impetigo	1	—	—	—
(5) Other Diseases (Non-Tuberculous)	18	58	4	2
Total (Heads 1 to 5) ...	19	58	4	2
Eye—				
(6) Blepharitis	10	23	2	1
(7) Conjunctivitis	4	7	—	2
(8) Keratitis	—	—	—	—
(9) Corneal Opacities	—	—	—	—
(10) Other Conditions (excluding Defective Vision and Squint) ...	2	18	2	2
Total (Heads 6 to 10)	16	48	4	5
(11) Defective Vision (excluding Squint)	360	1,482	73	38
(12) Squint	39	222	8	2
Ear—				
(13) Defective Hearing	13	102	1	1
(14) Otitis Media	15	96	1	2
(15) Other Ear Diseases	5	31	1	—
Nose and Throat—				
(16) Chronic Tonsillitis only	29	384	3	11
(17) Adenoids only	4	21	1	1
(18) Chronic Tonsillitis and Adenoids	4	33	—	3
(19) Other Conditions	31	106	41	5
(20) Enlarged Cervical Glands (Non-Tuberculous)	4	51	—	—
(21) Defective Speech	5	83	—	1
Heart and Circulation—				
Heart Disease:				
(22) Organic	9	61	—	—
(23) Functional	25	262	1	10
(24) Anaemia	10	69	1	2

TABLE II.—Continued.

Defect or Disease.	Routine Inspections. Number of Defects. Requiring Treatment.	Routine Inspections. Number of Defects. Requiring to be kept under observation, but not requiring Treatment.	Special Inspections. Number of Defects. Requiring Treatment.	Special Inspections. Number of Defects. Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Lungs—				
(25) Bronchitis	7	108	—	3
(26) Other Non-Tuberculous Diseases ...	—	1	—	—
Tuberculosis—				
Pulmonary—				
(27) Definite	—	4	—	—
(28) Suspected	—	1	—	—
Non-Pulmonary—				
(29) Glands	1	5	—	—
(30) Bones and Joints	—	9	—	—
(31) Skin	—	—	—	—
(32) Other Forms	—	—	—	—
Total (Heads 29 to 32) ...	1	14	—	—
Nervous System—				
(33) Epilepsy	—	1	—	1
(34) Chorea	5	—	2	—
(35) Other Conditions	3	82	—	4
Deformities—				
(36) Rickets	—	3	—	—
(37) Spinal Curvature	14	103	—	1
(38) Other Forms	78	487	5	13
(39) Other Defects and Diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)	144	804	19	37
Total Number of Defects	840	4,717	165	142

B.—Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-groups.	Number of Children Inspected	A. (Excellent)		B. (Normal)		C. (Slightly subnormal)		D. (Bad)	
		No.	%	No.	%	No.	%	No.	%
All Routine Inspections	8,935	1,673	18·72	7,049	78·89	213	2·39	—	—

HIGHER SCHOOLS.

TABLE IV.

Return of Defects treated during the Year ended 31st December, 1938.

TREATMENT TABLE.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group VI).

Disease or Defect. (1)	*Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	TOTAL. (4)
Skin—			
Ringworm—Scalp—(1) X-Ray Treatment ...	—	—	—
(2) Other Treatment ...	—	—	—
Ringworm—Body	—	—	—
Scabies	—	3	3
Other Skin Disease	—	17	17
Minor Eye Defects— (External and other, but excluding cases falling in Group II)	1	10	11
Minor Ear Defects	3	18	21
Miscellaneous— (e.g. minor injuries, bruises, sores, chilblains, etc.)	—	9	9
TOTAL	4	57	61

HIGHER SCHOOLS.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I).

Disease or Defect. (1)		Number of Defects Dealt With		
		Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Errors of Refraction (including Squint)	New Cases	120	103	223
	Re-examination Cases ...	268	138	406
Other Defect or Disease of the eyes (excluding those recorded in Group I)		—	—	—
Total		388	241	629

Total number of children for whom spectacles were prescribed :—

(*a*) Under the Authority's Scheme 293

(*b*) Otherwise 238

Total number of children who obtained or received spectacles :—

(*a*) Under the Authority's Scheme 293

(*b*) Otherwise 238

HIGHER SCHOOLS.

Group III.—Treatment of Defects of Nose and Throat.

	Received Operative Treatment				
	Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme	Total	Received other Forms of Treatment	Total number treated
	(1)	(2)	(3)	(4)	(5)
Tonsils only	5	7	12	—	12
Adenoids only	2	1	3	—	3
Tonsils and Adenoids ...	—	—	—	—	—
Other defects of nose and throat	—	2	2	—	2
Total	7	10	17	—	17

Group IV.—Orthopædic and Postural Defects.

	Under the Authority's Scheme.			Otherwise.			
	Residential treatment with education.	Residential treatment without education.	Non-Residential treatment at an Orthopædic Clinic.	Residential treatment with education.	Residential treatment without education.	Non-Residential treatment at an Orthopædic Clinic.	Total Number Treated.
Number of children treated	—	—	10	—	—	3	13

Appendix C.

LIVERPOOL EDUCATION COMMITTEE.

REPORT BY THE INSPECTOR OF PHYSICAL TRAINING FOR THE YEAR, 1938.

The National Movement urging physical fitness has been encouraged during the year 1938 by the Education Committee in their continued efforts to provide adequate facilities and apparatus for physical activities for the school children of Liverpool, and by the teachers who have shown an added enthusiasm for the physical welfare of their pupils.

The Royal Visit of the King and Queen to Liverpool in May called for special efforts from the organisers and teachers, in organising a massed display worthy of the occasion, and the preliminary training and rehearsing for this highly creditable exhibition had an exhilarating effect on the teaching of physical training in the schools.

As an introduction to this report, it is considered desirable that certain sub-divisions should be enumerated, and details given under each. These sub-divisions are:—

A. Physical Training in the Schools ;
B. Courses of Instruction for Teachers and Club Leaders ;
C. Organised Games, Public Parks and School Playing Fields :
D. School Camping ;
E. Evening Play Centres ;
F. Swimming Instruction ;
G. Royal Visit Display ;
H. Co-operation with Voluntary Organisations.

A.—PHYSICAL TRAINING IN THE SCHOOLS.

Regular lessons in school playgrounds, in accordance with the Board of Education Syllabus, are included in all school time-tables, and where

school halls or gymnasia exist, these are used very thoroughly. In addition to the syllabus work, the majority of the senior departments, and a large number of junior departments, include organised games and swimming instruction in their schemes of work.

In recent years, many schools have had an annual individual school sports meeting, and/or an individual swimming gala. School camping is organised to take place during the summer vacation by an increasing number of schools.

Fully-equipped gymnasia have been put into use at the following schools:—Fazakerley (Senior Girls), Gilmour (Senior Girls), Dingle Vale (Senior Boys and Senior Girls), and Sefton Park (Senior Boys), and the new schools which are at present under construction at Stonebridge Lane, Rose Lane and Stanley Park will include gymnasia with full equipment.

The following 45 school halls have each a set of portable gymnastic apparatus, which is regularly used and appreciated by the scholars and teachers:—

Abbotsford Road (Senior Boys).
,, ,, (Senior Girls).
Anfield Road (Senior Boys and Girls).
Arnot Street (Senior Boys and Girls).
Birchfield Road (Senior Mixed).
Brae Street (Senior Mixed).
Dovecot (Senior Boys).
,, (Senior Girls).
Ellergreen Road (Senior Boys).
,, ,, (Senior Girls).
Evered Avenue (Senior Boys).
,, ,, (Senior Girls).
Florence Melly (Senior Boys).
,, ,, (Senior Girls).
Gilmour (Senior Boys).
Harrison Jones (Senior Boys and Girls).
Heygreen Road (Senior Boys and Girls).
Highfield (Senior Boys).
,, (Senior Girls).
Knowsley (Senior Boys).
,, (Senior Girls).
Lambeth Road (Senior Boys).
,, ,, (Senior Girls).
Leamington Road (Senior Mixed).
Lister Drive (Senior Mixed).
Morrison (Senior Boys and Girls).
Newsham (Senior Boys).
,, (Senior Girls).
Rathbone (Senior Boys and Girls).
Roscoe (Senior Boys).
,, (Senior Girls).
Roscommon Street (Senior Boys).
,, ,, (Senior Girls).
Salisbury (Senior Boys).
,, (Senior Girls).
Tiber Street (Senior Mixed).
Warbreck (Senior Boys and Girls).
Westminster Road (Senior Boys and Girls).
Arundel C.E. (Senior Girls).
St. Margaret's C.E., Anfield (Senior Boys).
Garston R.C. (Senior Mixed).
Notre Dame R.C. Central (Senior Girls).
St. Matthew's R.C. (Senior Mixed).
St. Patrick's R.C. (Senior Boys and Girls).
St. Teresa's R.C. (Senior Mixed).

The following summary is of interest:—

School.	Average time weekly devoted to Syllabus work.	No. of depts. included in scheme of free transport to playing fields.	No. of depts. organising individual school sports.	No. of depts. organising individual school swimming galas.	No. of depts. organising holiday camps.	No. of scholars able to swim at least 25 yards.	
						Boys.	Girls.
	Minutes						
Council	94·4	26	71	72	84	4,912	4,024
Church of England ...	96·7	13	11	14	24	1,094	795
Roman Catholic...	86·7	32	14	15	33	2,532	1,072
Undenominational	85·0	2	2	2	2	44	34
Totals	90·7	73	98	103	143	8,582	5,925

B.—COURSES OF INSTRUCTION FOR TEACHERS AND CLUB LEADERS.

Recognised teachers' courses of instruction in the teaching and practice of physical training have been organised and well-supported as in previous years. The courses, which are inspected by the Board of Education, each consist of 10 lessons; they are conducted in centrally situated gymnasia in the evenings, and a fee of 5s. per course is charged.

The following courses were held during 1938:—

Two courses for men teachers in senior departments.
Two courses for men teachers in junior departments.
Two courses for women teachers in senior departments.
Two courses for women teachers in junior departments.

In co-operation with the Central Council of Recreative Physical Training, courses for men and women club leaders were successfully organised during the winter months, and these also were well supported.

Voluntary classes in Scottish and Irish Dancing, and swimming instruction for teachers, were attended by large numbers of enthusiastic women teachers, and the classes organised by the English Folk Dance Society were, as usual, largely attended by school teachers. There is

also a strong netball club composed of women teachers, which includes several players of county standard.

A new feature in the physical training programme has been the formation of a Men Teachers Physical Training Club, which meets regularly under the guidance of the assistant organiser, for the practice of more advanced gymnastic exercises. A similar club for women teachers is being formed.

C.—ORGANISED GAMES: PUBLIC PARKS AND SCHOOL PLAYING FIELDS.

As previously mentioned in this report, the majority of schools make arrangements for organised games during school hours in playing fields, playing spaces in the public parks, and other recreation grounds. About 300 acres of land are utilised for this purpose, but some of the playing areas are very small, and the surfaces very bare. More playing spaces are necessary, but in all the recently acquired school sites provision is being made for games pitches, etc.

An outstanding difficulty which is met with here is the distance of all the schools in the congested areas from open spaces. This difficulty is eased to some extent by the free transport scheme, whereby 77 school departments are allowed to take parties of children by tram to and from playing fields for afternoon games sessions each week.

Organised Games in Public Parks: Midsummer Holidays, 1938.

The "Holiday Games in Parks Scheme", which has been carried on by the Education Committee in co-operation with the Parks and Gardens Committee since 1919, provides for the appointment of skilled play-leaders; for the coaching of the children who attend in various games, and the loan of games material to them; and for facilities for children to take part in other organised activities of an open-air character.

Nine parks, situated in well-populated areas of the City, were each staffed with two men and one woman as play leaders during the recent midsummer holidays; the leaders were on duty from 1.0 to 5.0 p.m. daily (excepting Saturdays and Bank Holiday). Approximate daily attendances are given in each case.

	Boys.	Girls.	Total.
Clubmoor Recreation Ground	269	150	419
Garston Recreation Ground	208	152	360
Princes Park	450	220	670
Sefton Park	430	154	584
Sheil Park	408	242	650
Stanley Park	358	148	506
Walton Hall Park	198	58	256
Wavertree Park	180	136	316
Wavertree Playground	270	90	360
	2,771	1,350	4,121

In 1937 the total daily average attendance (for 8 parks), was 2,693.

Except during the first week, the weather was generally fine. The staffs of play leaders were working to full capacity nearly every day, and the figures show that record numbers of children participated.

Many of the play-leaders were selected teachers, but a number of well-qualified persons not in regular employment were also appointed, as in previous years; reports from the supervisors show that the latter have performed their duties well, in co-operation with the teachers, and several have shown real aptitude for the work.

The Committee have arranged for the provision of small lock-up huts in each of the parks; these contain items of apparatus necessary for the playing of popular games, and include jumping standards, netball posts, netballs, rubber balls, cricket balls, baseballs, cricket bats, baseball bats, cricket stumps, rounder stumps, baseball bases, ropes for skipping and tug-of-war, boxing gloves, wicket-keeping gloves, and cricket pads. Two of these huts were unfortunately broken into during week-ends, and various items of apparatus were stolen. It is pleasing to report, however, that cases of stealing by the children were very rare, but a great deal of stock was, of course, worn out during the holidays.

The increase in the number of inter-park matches in cricket and rounders was a noticeable feature, and many keen games resulted. Sports days again proved very popular, and much ingenuity was shown in devising unusual types of races and competitions with a view to catering for all the children. Small prizes were provided, for which the Education Committee approved the expenditure of 5s. weekly in each park; this sum is occasionally augmented by interested spectators, to whom thanks are also due for their assistance to the leaders in other ways.

It is pleasing to report that the number of girls taking part showed a substantial increase (a daily average of 1,350 this year, as compared with 935 in 1937). The experiment of opening Wavertree Park for the first time was fully justified, large numbers of children attending each day.

If the Committee desire that the scheme should be extended in 1939, it is recommended that the Committee's own playing field in Scargreen Avenue, which is situated in a suitable position to accommodate the school children of Norris Green, should be opened. Such action would be welcomed by the parents and children in that neighbourhood.

D.—SCHOOL CAMPING.

School Camps: Summer Holidays 1938.

In response to the circular inviting applications for grants-in-aid, which was issued to Managers and Head Teachers of all elementary schools early in the year, replies were received from 135 prospective organisers (representing a total of 370 leaders and 5,630 scholars) and these applications were considered by the Sub-Committee on the 17th March, 1938. Approval had been secured from the Board of Education to the expenditure of a sum not exceeding £2,750 on these camps, as against £2,600 in 1937, and it was thus found possible to increase the rate of grant to 15s. to each leader and 9s. to each scholar. The corresponding rates last year were 9s. to leaders and scholars alike.

Acting on the experience of previous years that there would be a certain number of withdrawals, the Sub-Committee approved payment of grant in respect of 370 leaders and 5,630 scholars, at a cost of £2,811. Two camps were cancelled prior to the holidays (a reduction of 5 leaders

and 56 scholars), and the returns show that 9 leaders and 241 children less than in the original estimate actually attended camps. The final figures, therefore, show an expenditure on grants totalling £2,674 7s. 0d. The cost of the inspection of camps by members and officials amounted this year to £24 3s. 9d.

To illustrate the steady growth in the popularity of holiday camps the following summary, taken over the last five years, is included:—

Year.	Total Grant from the Authority.	No. of camps.	No. of leaders.	No. of scholars.
	£ s. d.			
1934	1,873 15 0	115	323	4,566
1935	2,461 10 0	121	210	4,458
1936	2,565 10 0	127	334	4,797
1937	2,520 18 0	131	355	5,247
1938	2,674 7 0	133	357	5,348

In general, the camps were carried on under a similar scheme to that followed so successfully in previous years. Grants are only paid in respect of camps organised from elementary schools, and of children on the rolls of such schools selected by head teachers on the grounds of poverty; the scheme does not apply to camp parties conducted by voluntary organisations. No school received a grant for more than one week's camp this year, although in nine cases, children spent ten or fourteen days away.

Reports from a number of official visitors to the camps have been received and filed. These reports speak well of the organisation of the various camps, the enthusiasm of the leaders, and the good behaviour of the children.

Reports from organisers also show that the high level of previous years' camps has been well maintained. Although the weather was not always fine, there seem to have been no dull moments, and credit is due to the leaders for their ingenuity in devising games and pastimes for the amusement of the children. A large number of the leaders' reports, and photographs illustrative of typical scenes of camp life,

are available for inspection by members. A glance over these reports and pictures is well worth while; it is appreciated that many hours of patient and careful work must have been spent over their preparation

Cases of accidents have this year been rare, though two or three children have had to be sent home with different forms of sickness. All minor accidents were quickly and effectively dealt with on the spot by leaders with experience of first-aid.

Camping Sites.

In order to illustrate the large number, the regional distribution, and the various types of camping sites, as selected by the camp leaders and approved by the Sub-Committee for school camping purposes, the following classification in three districts is of interest:—

District (a)—North Wales and Cheshire.

Morfa Camp, Conway	20	school	camps.
Derwen Camp, near Ruthin	13	,,	,,
Llandulas	3	,,	,,
Colwyn Bay	4	,,	,,
Penmaenmawr	2	,,	,,
Llanfairfechan	3	,,	,,
Dyserth	15	,,	,,
Nannerch, near Denbigh	2	,,	,,
Pensarn, Abergele	4	,,	,,
Talacre	5	,,	,,

One camp was organised in each of the following places: Bodfari (near Denbigh), Garth (near Wrexham), Llanarmon, Bethesda, Holyhead, Llanrwst, Bala, Rhuddlan, Dyffryn-on-Sea, Marianglas (Anglesey), Farndon, Pantymwyn, Rhyl, Llanberis, Chirk, Llangollen, Neston.

District (b)—The Isle of Man.

Peel	8	school	camps.
Ramsey	19	,,	,,

and the following single camps: Kirkmichael, Port St. Mary, St. John's, Maughold, Douglas.

District (c)—Lancashire and the Lake District.

Penrith	2	school	camps.
Windermere	3	,,	,,

and the following sites each held one camp: Grange-over-Sands, Longridge, Broughton-in-Furness, Braithwaite, Keswick, Appley Bridge (near Wigan), and Formby.

One school camp (at Ashopton, near Sheffield) was outside the districts named above.

E.—EVENING PLAY CENTRES.

Winter Months, 1938.

The scheme under which play centres are conducted in the premises of certain elementary schools has again been carried on with conspicuous success by the Committee during the months of January, February, March, October, November and December. The experiment of opening a new centre in the Knowsley (Fincham Road) Council School was made, and this centre has been well supported since the 11th January, 1938; this brings the total number of centres to sixteen. The centres were opened on Tuesday and Thursday evenings, from 5-30 to 7-30 o'clock, the approximate average attendance at all centres being 7,450 (an increase of 450 on last session).

The large number of day schools from which children attend shows that the Play Centres have become well known in their respective districts, and fulfil a definite need in the life of boys and girls between the ages of 9 and 14.

The policy of effecting triennial changes in the Superintendents' staff, which has proved successful in other years, was again adhered to, and six centres (Harrington, Holy Cross, Our Lady's, St. Paul's, Toxteth, Netherfield Road and Wellington Road) were in the charge of newly-appointed Superintendents. These changes result in the introduction of fresh schemes of recreation and entertainment for the children, and are considered a distinct advantage in maintaining their enthusiasm.

The two General Supervisors paid frequent visits to all centres throughout the session, and report that all centres were organised to good advantage, that the Superintendents and Assistants worked with keen interest, and that good discipline prevailed throughout.

Visits by members of the Committee to inspect the work carried on are welcomed by the children and staffs; for the benefit of those unable to make these visits, a selection representative of some of the craft work done by boys and girls has been submitted by the Superintendents, and is available for inspection.

A notable feature is the popularity of occupations other than games and dancing. Groups for drawing, painting, music, various forms of recreational handwork and dramatic performances (both impromptu and rehearsed) are well attended by children, who remain remarkably faithful to their chosen activity throughout the session. The pleasure the children take in these activities is obvious in the assiduity of their performance, and such extension as is possible in this direction cannot be other than valuable and desirable.

Playground Play Centres. Summer Months, 1938.

During the summer months of 1938, twenty-nine play centres were maintained by the Elementary Education Sub-Committee in the playgrounds of schools situated in the more densely-populated areas of the City. The general organisation of the centres was on the same lines as that which proved successful in previous years; details of the twenty-nine playgrounds used, together with the approximate nightly average attendances, are given below. The centres were opened for eight weeks before, and eight weeks after, the elementary school mid-summer holidays, and the hours of opening were from 5.0 to 7.0 o'clock each evening.

Centre.	Evenings when open.	Average attendance.	
		Boys.	Girls.
Butler Street	Tuesday, Wednesday, Thursday ...	57	64
Chatsworth Street ...	Monday-Friday, inclusive	103	81
Clint Road...	Tuesday, Wednesday, Thursday ...	77	66
Earle Road...	Tuesday, Wednesday, Thursday ...	73	72
Granby Street	Tuesday, Wednesday, Thursday ...	77	86
Harrington	Monday-Friday, inclusive	64	75
Heyworth Street	Tuesday, Wednesday, Thursday ...	71	88
Lambeth Road	Tuesday, Wednesday, Thursday ...	133	114
Loraine Street	Tuesday, Wednesday, Thursday ...	64	—
Penrhyn Street	Tuesday, Wednesday, Thursday ...	86	86
Roscommon Street ...	Tuesday, Wednesday, Thursday ...	64	60
Salisbury Street	Tuesday, Wednesday, Thursday ...	86	98
Steers Street	Monday-Friday, inclusive	73	81
Tiber Street	Monday-Friday, inclusive	99	70
Upper Park Street ...	Tuesday, Wednesday, Thursday ...	85	76
		1,212	1,117
	TOTAL	... 2,329	

The average attendance for 1937 totalled 2,315.

The marked success of the use of the fine playgrounds of the new Lambeth Road School for play centre purposes this year, instead of those at Stanley Road, will be noted. While the average attendance at the latter centre in 1937 was 83 boys and 84 girls per evening, a considerable increase in the numbers occurred this year, no fewer than 133 boys and 114 girls, on the average, attending Lambeth Road on each evening of opening.

The total cost of the scheme for the 1938 session was, as last year, in the neighbourhood of £600.

A certain number of persons not in regular employment was again appointed as play leaders, and worked well under the direction of the regular teachers. The teachers, of course, by reason of their experience, and their daily contact with the children attending the centres, are rather more successful in attracting and holding the interest of these children. One leader is appointed to take charge of each playground; their efforts are occasionally supplemented by other interested teachers who render voluntary assistance in the organisation of games and pastimes.

The necessary apparatus for games is supplied by the Committee, each centre having its own quota of stock based on the experience of previous years. The following have been found to be the most popular activities: Handball, skipping, racing, jumping, skittles, quoits, clock-golf, football (played with rubber balls) and, of course, all bat and ball games.

It is considered that the playgrounds used this year have satisfactorily filled their purposes of providing recreation during the long summer evenings, and of keeping children off the busy streets when traffic is dense, and that each one fulfils a want where it is most felt.

F.—SWIMMING INSTRUCTION.

Thirteen public bathing establishments, comprising 25 plunges, maintained by the Baths and Wash-houses Department, are utilised for the swimming instruction of elementary schoolchildren during school hours in summer and winter months. Sixteen smaller swimming plunges on school premises are also used during the summer months.

All instruction in swimming, life-saving and diving is given by class teachers from the schools, and no paid specialists or coaches are employed. All tests and competitions are conducted by the Sports Committees of the teachers' associations after school hours. The results will be seen in Section H of this report. Time-tables for the regular use of the public and school baths are compiled at conferences attended by head teachers and the inspectors of physical training.

The Baths Department also provide facilities for free private bathing (washing) of elementary school children between the hours of 4.0 and 5.0 p.m. on school days during the winter months (November, December, January, February and March).

In connection with this extensive use of the Corporation swimming and private baths, the Education Committee pay the Baths Committee for the cost and maintenance of towel supplies.

Statistics of attendances follow:—

Bathing of School Children, 1938.

	Attendances. Swimming Plunges.				Attendances. Slipper and Spray Baths.			
	Summer Months, 1938. April, May, June, July, Aug., Sept., Oct.		Winter Months, 1938. Jan., Feb., Mar., Nov., Dec.		Summer Months 1938. April,May,June, July,Aug.,Sept., Oct.		Winter Months, 1938. Jan.,Feb.,Mar., Nov., Dec.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
Beacon Street ...	—	—	—	—	3,825	—	3,128	—
Burroughs Gdns.	21,441	7,435	6,882	1,218	—	—	1,001	851
Cornwallis St. ...	13,851	7,766	6,316	955	—	—	709	255
Harold Davies ...	20,377	10,103	4,301	1,582	—	—	—	—
Kensington ...	—	—	—	—	730	287	682	369
Lister Drive ...	21,649	10,070	8,452	1,233	—	—	—	—
Lodge Lane ...	21,464	12,079	11,273	3,809	—	—	566	755
Margaret St. ...	35,801	14,055	21,516	3,088	—	—	676	559
Melrose Rd. ...	—	—	—	—	2,052	1,400	2,104	1,440
Minshull Street ...	—	—	—	—	379	998	456	890
Netherfield Rd. ...	—	—	—	—	—	561	—	581
Picton Rd. ...	12,887	7,380	5,149	1,107	—	—	887	221
Queen's Drive ...	19,841	10,869	—	—	—	—	—	—
Speke Road ...	18,489	12,977	12,749	5,759	—	—	—	—
Steble Street ...	31,186	12,232	15,228	2,883	—	—	1,038	1,483
Westminster Rd.	28,123	13,497	18,016	7,513	—	—	601	1,260
Wm. Roberts ...	33,120	19,522	10,262	4,569	—	—	—	—
Woolton	2,268	1,256	—	—	17	7	68	92
	280,497	139,241	120,144	33,716	7,003	3,253	11,916	8,756
	419,738		153,860		10,256		20,672	
	Grand Total, 604,526.							

Attendances at School Swimming Baths.

Name of School Bath.	Size of Bath.	No. of weeks in use during 1938.	Attendances.		Other Schools using the Bath.
			Boys.	Girls.	
Anfield Road ...	50′ × 20′	20	4,420	2,601	Townsend Lane (B. & G.), All Saints' C.E. (G.), Holy Trinity C.E. (B.).
Beaufort Street ...	34′ × 16′	23	5,717	4,511	—
Birchfield Road ...	58′ × 20′	18	4,596	4,096	—
Brae Street ...	25′ × 15′	18	1,372	798	—
Breckfield (Granton Road)	40′ × 15′	23	—	1,809	Loraine St. (G.), St. Saviour's C.E. (G.).
Breckfield ... ... (Venice Street)	20′ × 10′	19	1,742	—	Major Lester (B.), Queens Rd. (B.), St. George's C.E. (B.), St. Saviour's C.E. (B.).
Daisy Street ...	19′ × 15′9″	18	644	587	St. Paul's, Kirkdale (B. & G.), St. Athanasius' (B. & G.).
Earle ... ... (Webster Road)	24′ × 18′	17	4,758	3,282	Earle Rd. (B. & G.), Clint Rd. (B. & G.), St. Hugh's R.C. (B.).
Harrington ...	24′ × 13′6″	20	1,800	1,440	—
Heyworth Street ...	30′ × 20′	12	2,765	1,833	Everton Terrace (B. & G.), St. Benedict's (B. & G.).
Lawrence Road ...	54′ × 24′	18	2,392	3,279	Earle Rd. (B. & G.), Webster Rd.(B. & G.) St. Hugh's R.C. (B. & G.).
Newsham ... ... (Boaler Street)	45′ × 20′	23	3,586	1,114	Sheil Rd. (B. & G.), Butler St. (B. & G.).
Rathbone	21′6″ × 15′3″	24	2,400	3,600	Sacred Heart (G.).
St. Michael's Hamlet	22′6″ × 18′6″	17	1,088	510	St. Charles' R.C.
Sefton Park C. ...	40′ × 20′	12	2,365	1,719	Dovedale Rd. (B.& G.), Morrison C. (B. & G.), St. Bridget's C.E. (B. & G.).
Warbreck ... ... (Longmoor Lane)	50′ × 20′	28	5,247	3,639	Barlows Lane (B.&G.), Sperwoods Lane (G.), Rice Lane (B. & G.), St. John's, Walton (B. & G.), Holy Name R.C. (B. & G.).

G.—THE PHYSICAL TRAINING DISPLAY ON THE OCCASION OF THE VISIT OF THEIR MAJESTIES THE KING AND QUEEN.

On Thursday, the 19th May, 1938, the King and Queen visited Liverpool during their tour of Lancashire, and in a specially constructed arena (with spacious grand-stands for spectators on each of four sides) in Wavertree Playground, witnessed a display of physical training by pupils and teachers of the Liverpool elementary schools.

The many arrangements connected with the Display were organised by a committee of teachers consisting of representatives of the Liverpool and District Teachers' Association and the Liverpool Association of Schoolmasters, in collaboration with a sub-committee of the City Council.

The Education Committee's staff of organisers of physical training were personally responsible for the selection of appropriate tables of exercises and the control of the district rehearsals, while the training of the pupils was carried out by teachers in fifty selected school departments.

The display was in three parts; first a squad of 520 boys in 26 lines, 20 deep (each line representing one of the City's senior schools) performed a series of linked and rhythmic free standing exercises designed to show the trend towards continuous movement in the modern physical training lessons. Mr. J. L. B. Norris, assistant organiser, was in control from a specially-constructed platform with sound amplifier attached.

The arena was then cleared and occupied by the 480 girls whose display formed the next part of the programme. The difference in character of the work for boys and girls was illustrated in a striking manner, and a pleasing feature was the variety of formations used for different exercises. Miss G. Ashton, of Anfield Road Council School (senior girls' department) is to be congratulated on successfully conducting this portion of the programme.

The third part consisted of a display of advanced exercises performed simultaneously by two groups of 24 men and 24 women teachers; the men were commanded by Mr. J. L. B. Norris and the women by

Miss M. W. Edwards, assistant organisers. This portion of the display was of additional interest, as many of the performers were the instructors of the squads of children who had taken part in the massed work which preceded it.

At the close of the display the whole of the performers took up their allotted places in the arena, and three hearty cheers were given for their Majesties.

After the King and Queen had left the arena, Councillor C. G. S. Gordon, Chairman of the Education Committee, conveyed the following message to all who had taken part:—" The King has commanded me to congratulate every one of you on your performance, and the Queen particularly desires me to say how impressed she was by the exhibition of the teachers. On behalf of their Majesties I have to thank you all for the very hard work you have put in in making this Display the most memorable they have seen so far."

H.—CO-OPERATION WITH VOLUNTARY ORGANISATIONS.

Voluntary organisations which are solely concerned with physical training and recreation, and other associations which include physical activities in their programmes, are helped by the provision of playing fields and games apparatus, in the free tenancies of school gymnasia and halls, or by advice on problems which frequently occur. The organisations chiefly referred to are:—

The Sports Committee of the Liverpool and District Teachers' Associatian (N.U.T.)
The Sports Committee of the Liverpool Association of Schoolmasters (N.A.S.).
The Liverpool Schools Football Association.
The Catholic Schools Athletic Association.
The English Folk Song and Dance Society (Liverpool and District Branch).
The Liverpool Union of Girls' Clubs.
The Liverpool Boys' Association.
The Occupational Centres for Unemployed.
The Lancashire Keep-fit Movement.
The Central Council of Recreative Physical Training.

The annual reports of the Sports Committees of the first four of the associations enumerated above show clearly the excellent results which were obtained in 1938 in the organisation of games and competitions " out of school hours " for the elementary scholars of Liverpool,

by their teachers. It is pleasing to report that the extensive voluntary work of these committees is financially self-supporting.

Extracts from the reports of the Hon. Secretaries of these four organisations are here appended:—

By Miss M. M. Williams (Hon. Secretary, Sports Committee, Liverpool Branch N.U.T.):—

"The Sports Committee has much pleasure in reporting the flourishing condition "of Girls' Sports.

"The Leagues have been keenly contested and the final matches for championship "honours played in a sportsmanlike spirit."

NETBALL.

"The League entries for the Season 1937-8 were:—

Senior	34
Intermediate	28
Junior	20

"In the Finals—

Senior ...	Leamington Road S. beat Warbreck School by 22 goals to 8.
Intermediate	Ellergreen Road beat Highfield Road by 24 goals to 3.
Junior ...	St. Vincent de Paul's beat Lister Drive by 9 goals to 7.

"In addition to the League competitions, Tournaments were organised at various "centres in Senior, Intermediate and Junior Sections, and proved very popular.

"Liverpool again entered a team in the County Competition and, meeting "Manchester in the Final, won a good game by 16 goals to 9."

HOCKEY.

"Though only three schools, Evered Avenue, Brae Street and Lawrence Road, "took part in this competition, yet it was a good season for these schools. Pleasing "features of the play were the increasing skill in ball control and stick work and "better understanding of team combination.

"Brae Street became the holders of the Cup for another year.

"The current season, 1938-9, has seen an increase in entries and this year "Lawrence Road, Evered Avenue, Brae Street, Garston C.E., St. James' C., and "Gilmour hope to take part in the competition."

ROUNDERS.

"The Summer Games season is all too short and great difficulty is sometimes "experienced in arranging all the matches in this competition. However, the "game loses none of its popularity and there was an entry of 131 teams.

Senior	48
Intermediate	41
Junior "A"	27
Junior "B"	15

"The Finals were played at the end of June, in Sandown Park, when :

Senior ...	...	Banks Road beat Birchfield Road.
Intermediate ...		Banks Road beat Ellergreen Road.
Junior "A" ...		Gwladys Street beat Gilmour S.
Junior "B" ...		Walton Lane beat Roscoe S."

ATHLETICS.

"Once again Liverpool girls have shown keen interest in this branch of sport and "the standard reached this year was in advance in style and performance on that "of previous years.

"Four Junior District Festivals were held this year on June 2nd, at Long Lane, "Back Lane, Sandown Park and Jericho Farm, and these were well supported.

"Four Senior District Festivals were held at the same centres on May 2nd.

"The various events (High Jump, Long Jump, 100 yards Flat Race, Hurdles, "Squadron and Relay Races, Hockey Dribbling and Net Ball Shooting) were closely "contested. Warbreck Senior School retained the championship with 15¼ points, "while Abbotsford Road were runners-up with 12 points.

"The Committee was able to select a good team to take part in the County "Championship at Widnes, on June 18th.

"The Liverpool team repeated its success of last year by winning the champion- "ship with 27 points (Salford, Runners-up, 9 points), and with the boys they became "holders of the Joint Shield for the highest aggregate, 50 points (Manchester 35)."

SWIMMING.

"129 schools registered for Swimming Certificates this year, and of these, 56 "schools took part in League Competitions.

CERTIFICATES.

The following certificates have been won this year :—

Third Class	1,521
Back Stroke	1,082
Second Class	891
First Class	435
	3,929."

GALAS.

"11 galas were organised but unfortunately the Picton Road Gala had to be "cancelled owing to the 'Political crisis,' and the Diving Championship was post- "poned until October 26th.

THE COUTIE SHIELD.

"We congratulate Lawrence Road on winning this trophy with a score of 178 "points. The leading schools in this competition are :—

1.	Lawrence Road	178
2.	Gilmour	98

3.	Dovecot S.	58
4.	Victoria	51
5.	Banks Road S.	50

"Once again the Sports' Committee tenders its thanks to all those teachers who "throughout the year have supported enthusiastically the many activities of the "Committee."

By Mr. D. Snowdon (Hon. Secretary, Sports Committee, Liverpool Association of Schoolmasters):—

"Some indication of the magnitude of the Schoolboys' sports organisation is "given in the following figures and records, dealing with cricket, baseball, swimming, "athletics and rugby football.

CRICKET.

"There was a record entry of school elevens in the cricket competition, no "fewer than 185 taking part.

"Barlow's Lane, Huyton Senior, Gilmour, Heath Road and Broadgreen Road "schools were champions respectively of the four age divisions. In order to meet "the demand for more matches in the Junior Section, it was decided to hold a "Knock-out Competition. This attracted 26 entries and Wellesbourne Road, by "defeating Tiber Street by one run, became the first Champions.

"The schoolboys' eleven was one of the strongest that has represented the City, "but unfortunately after a victory over St. Helens in the first round of the Lancashire "Competition, they failed to show their true form against Wigan and were defeated "by 4 wickets.

"In their other matches, however, they maintained a very high standard. Both "matches against the Liverpool College were won.

"Wallasey Boys were defeated twice and we also recorded vioctries over strong "elevens of Bootle and Aigburth Juniors.

"Two of our boys, Stephens (Sefton Park), and Edwards (Gilmour, Heath Road), "were selected to play for the South Lancashire Team versus North Lancashire, at "Todmorden, and as a result of their performances in this game, both were awarded "their county caps."

BASEBALL.

"Interest in the Baseball Competitions was well-sustained. Fifty-two teams "took part in the senior leagues' competitions, and fifteen teams competed for "junior honours.

"Clint Road secured the 'A' Championship, and were also runners-up to "Lambeth Road in the 'B.' Other winners were:—'C' Competition, Townsend "Lane; 'D' Competition, Broad Square. The Knock-out Competitions again "produced some fine games. Butler Street and Clint Road were the joint holders "of the 'Hornby' Cup, the 'Purbrick' Cup went to Townsend Lane, and Ranworth "Square won the 'D' Knock-out Competition."

ATHLETICS.

Junior.

"A pleasing feature to be noted this year was the advance of a few schools which "hitherto had not been so prominent in junior athletics. Hence, it seems that there "will be still keener rivalry in the future, and a general levelling up is beneficial. "Merit Certificates were awarded Springwood, Sudley Road, Morrison, Anfield Road, "Arnot Street and Broad Square.

"The Junior Championship Festival, for boys first, second, and third in District "Festivals, where 3,439 boys competed, was held at Sandown Park."

Senior.

"District Festivals were held as usual, and Merit Certificates were awarded "Granby Street, Gilmour, Heath Road, Evered Avenue, Newsham Senior, Dovecot "Senior, Florence Melly, and Ellergreen Road.

"As in former years, the Senior Championship Festival took place at the L.B.A. "Ground on Saturday, 28th May. Competitors taking part were the winners of "events in the six District Festvials, the total entries being 2,900, representing 50 "schools.

"The inclusion of the Physical Training Display presented this year by boys "and masters (of a similar nature to the one given before their Majesties at Wavertree "Playground), proved a success and was decidedly popular with the spectators.

"A team representing Liverpool competed at the Lancashire County Athletic "Festival held at Widnes, Liverpool being second with 23 points. The Joint "Trophy was retained by the Liverpool boys and girls as in former years."

SWIMMING.

Leagues.

"No fewer than 173 teams took part in the Swimming Leagues, Garston C.E. "being both senior and junior free-style champions, while Earle Road swimmers "took the senior, and Beaufort Street the junior title in the breast-stroke style."

General.

"Affiliated schools number 123, as compared with 108 the previous year, a record.

"Ten District Galas were held and Merit Certificates were awarded the following "District Champions:—Garston C.E., Heygreen Road, Ellergreen Road, Evered "Avenue, Lambeth Road, Beaufort Street, Newsham Junior, Highfield, Steers "Street and Chatsworth Street.

"Championship events continue to maintain their interest, and 49 boys entered "for the four Championships.

"A slight decrease, compared with last year, is shown in the number of "Certificates gained. The allocation was as follows:—Beginners, 1,921; Distance, "1,142; Speed, 184; Proficiency, 12.

"Our City-Team has had another successful season and the Northern Counties "Inter-Town Shield remains in our keeping for another twelve months."

RUGBY.

"Twenty schools entered thirty teams, St. Margaret's, Anfield, St. Anne's, "Stanley, and Clint Road were the league winners in the 'A' Competition. St. "Margaret's beat Clint Road in the final, thus winning the 'Croghan' Cup. In the "'B' Competition, Abbotsford Road and H ghfield became the joint holders of the "'Drennan' Cup. Highfield gained the Championship of the 'C' Division, whilst "Northway were successful in the 'D' group.

"Our special thanks are also due to that numerous body of school sports "representatives, who, in their respective branches of school athletics, have devoted "so much unnoticed time and effort on behalf of the physical welfare of our Liverpool "boys."

By Mr. H. R. Atherley (Hon. Secretary, Liverpool Schools Football Association):—

"A report which itself speaks loudly of the strength and success of our Associa- "tion in catering for healthy and beneficial exercise for the masses of our schoolboys "through the medium of our national winter game.

"The number of affiliated schools has again increased, 158 being a record. 119 "of these schools enter between them a total of 199 teams playing in the 9 'Open' "competitions, and 41 of them enter 68 teams in the 5 competitions in which Catholic "Schools play. In all, 267 teams, and this at a conservative estimate involves no "less than 2,500 boys.

"The total number of games played in our season is probably over 3,000, whilst "another figure of interest is that of there being no less than 44 men teachers sharing "the voluntary committee work necessary for the organising of these games and "leagues.

"The Honours of becoming Champions of Competitions this year go to the "following schools. We congratulate the boys, and also the masters who have "devoted so much of their own time to the training of the teams:—

I. Open to All Schools.

		Winners.	Runners-up.
'A' Division.			
Senior ...	...'Worgan' Shield	...Clint Road	...Highfield.
Intermediate	...'Bibby' Shield	...Roscoe Senior	...Warbreck Senior.
Junior	...'Delaney' Shield	...Gilmour Senior	...Leamington Road.
'B' Division.			
Senior ...	...'Everton' Shield	...Gwladys Street	...Heygreen Road.
Junior	... —	...Gwladys Street	...Heygreen Road.
'C' Division	..."Chas. Wood" Shield	St. Bridget's C.E.	Windsor Street.
'D' Division Knock-out.	..."Hall Caine" Shield	Ranworth Square	Gilmour (Duncombe Road).
Senior ...	..."South Liverpool Sup." Cup	Dovecot Senior	...Huyton Senior.
Junior	... —	...Ranworth Square	Gilmour (Duncombe Road).

II. Catholic Schools.

Division I	..." Wm. Nelson " Shield	St. Teresa's	...St. Elizabeth's Central.
Division II	...Championship Shield	St. Francis de Sales	St. Cuthbert's.
Junior League ...	—	...St. Matthew's	...St. Edward's.
Catholic Schools' Cup	—	...St. Elizabeth's Central	St. Sylvester's.
'Daily Dispatch' Shield (Area Trophy)	—	...St. Edward's	...St. Elizabeth's Central.

Championship of the City.

"Clint Road opposed St. Teresa's, and after 90 minutes of splendid but gruelling football the scores were still level at 3-all, and the Championship is therefore held jointly by the two schools."

The City Team.

"We finished the season the holders of two trophies, the Merseyside "'Dimmer' Cup, and the W. R. Williams Memorial Cup, and had a competitions "games record of—Played 15, Won 13, Lost 2, Drawn 0, Goals for 89, Against 20. "For information it is interesting to note that last year's team played 19 games and "scored 97 goals against 17.

"Our friendly games included we played 23 matches, winning 19, losing 3 and "drawing 1, and scored 112 goals against 34."

International and County Honours.

"Six of our players earned further honours for themselves :—

Evans (Highfield). For England v. Ireland, and Reserve v. Scotland. He also captained Lancashire v. Yorkshire and v. Cheshire.

Ireland (Butler Street). Reserve for England v. Ireland. Also for Lencashire v. Yorkshire and twice v. Cheshire. He captained the Lancashire side v. Cheshire in the Away game.

Milnes (of Huyton Senior) played twice for Lancashire v. Cheshire.

Dunn (St. Elizabeth's R.C. Central), L. Hughes (Lawrence Road), and J. R. Hughes (Ellergreen Road) also played for Lancashire v. Cheshire."

The Junior City Team.

"Once again a Junior side has been selected from the nominees sent in by schools "representatives."

APPRECIATION.

"Voluntary work is always dependent upon the goodwill of others, and it gives "me the greatest pleasure to put on record the gratitude of this Association to the "many bodies and persons who have again demonstrated their very real interest "in our work by their generous actions.

"I again offer to the many of the rank and file, the referees, both schoolmasters "and friends of schoolmasters, the linesmen, and the stewards, all the nameless "hosts who do their work quietly and efficiently at our big games, our deepest and "warmest thanks."

By Mr. H. G. Turner (Hon. Secretary, Liverpool and District Catholic Schools Athletic Association):—

SUMMER GAMES.

"With the exception of Cricket, all leagues showed an increase on previous years, "and we welcomed newcomers from outlying schools. Weather and other factors "held up the fixtures to such an extent that Finals had to be played after the Summer "Vacation."

CRICKET.

"The number of teams taking part in the Leagues and Cup Competitions "remained the same—26. Though the number of teams taking part remained the "same, the standard of play and the knowledge of the finer points of the game "seemed, if anything, to be higher.

"The sectional committee have in mind formation of junior leagues."

BASEBALL.

"Is now becoming a very serious rival to our oldest Summer Games activity. "22 schools found their evenings well occupied in practising or taking part in Baseball "matches."

ROUNDERS.

"16 teams formed senior and junior leagues and under the capable sub-committee "of lady teachers the Leagues and Cup Competitions were carried to a very successful "close."

SWIMMING.

LEAGUES—

BOYS.

"17 schools took part in Free Style and Breast Stroke Competitions. It is "gratifying to report a decided improvement in the style and standard of swimming. "All fixtures were completed well within the allotted time and this enabled Finals to "be included in the Swimming Galas."

GIRLS.

"13 schools formed two leagues for Free Style Competition. An increase of "one school is recorded, but this is not very satisfactory considering the great hold "swimming is now taking. There is also a big difference in the standard reached "by the different schools. It is still pleasing to note, however, that the invasion of "young swimmers, recorded last year, is more noticeable."

SWIMMING GALAS.

"Two Galas were again organised, Boys' and Girls', and despite the increasing "number of School Galas, were well supported. Over 800 children took part in the "Finals, watched by approximately 400 who were defeated in the preliminaries."

NETBALL.

"21 schools supported five leagues—three senior and two junior. 17 schools "entered for the Cup Competition."

ATHLETIC FESTIVAL.

"A small but most energetic committee organised one of the most successful "festivals. Several innovations were introduced, the distances in races being "reduced. Merit Badges caused the abolition of the 'Victor Ludorum.' 31 depart- "ments supported the Sports and it is pleasing to record that the girls were more "numerous than the boys. This has not been so for many years. 2,432 children "took part in the Preliminaries and the Finals."

TROPHY CERTIFICATES.

"Were presented with all trophies for the first time. These Certificates, designed "by one of Liverpool's foremost artists, will act as constant reminders of honours "won on field and in water."

DANCING AND PHYSICAL TRAINING DISPLAY.

"For the second successive year Displays of Dancing by Girls and Physical "Training by Boys were effectively staged. 14 selected schools presented a beautiful "spectacle of 390 dancers in bright and picturesque costumes. 9 schools supplied "teams of boys for a Display of Physical Training.

"The individual school activities provided a good example of the varied agility "exercises now being taught in the schools."

ROYAL VISIT DISPLAY.

"We must congratulate three Boys' Schools and one Girls' selected to take "part in the Massed Display of Physical Training organised by the Education "Committee on the occasion of Their Majesties' visit to Liverpool."

APPRECIATION.

"The continued successes in the Association's many activities are due mainly "to the hard work, loyalty and enthusiasm of the many teachers in charge of schools' "teams.

"To all who have in any way contributed to the Association's progress, we say "'Thank you' and hope for their continued support in the coming season."

In conclusion, the Inspector of Physical Training wishes to emphasise the value and extent of the voluntary work performed by the teachers in connection with the physical education of the schoolchildren which, year by year, is not only maintained but is extended—and suggests that a letter of appreciation be sent to each of the four Sports Associations referred to in the latter portion of this report.

A. E. HARRIS,
Inspector of Physical Training.

February, 1939.

Appendix D.

HEALTH EDUCATION.

The following extracts from the Report of one of H.M. Inspectors of the Board of Education, dealing with Health Education in a public elementary school, demonstrate the great value of the co-operation of a Head Teacher in assisting the School Medical Department:—

"This school for 400 Junior Boys and Girls was opened five years ago (August, 1933) in a new housing estate on the outskirts of the city. All the houses of the estate had baths, electric lighting, hot water and small gardens. The rents were low, to accommodate the lower working class and the unemployed; at that time about 50 per cent. of the parents were partially or totally unemployed. The families were drawn from many parts of the city.

"The school enrolled 350 children at once and in a few months the number reached 400, from which it has not dropped, nor has this number ever been exceeded despite pressure from parents. Many of the children had been out of school, unkempt and untaught, for periods up to twelve months. Children arrived at school late, dirty, and slovenly in gait and speech. The school recognised at once that it would be of service to the district as a centre of social improvement.

"A circular letter to parents pointing out the advantages of cleanliness and the formation of good personal habits was at once drafted and distributed. They were told that in the course of time a clean neighbour would be guaranteed to very child who arrived at the school vermin free, clean and well groomed. **Health Education.**

"Daily inspection at 9 a.m. of every child followed—a practice which is still kept up. First, exposed parts, knees, face, neck, hair and hands; then clothes, boots, handkerchiefs, and finally teeth. Now every child carries a handkerchief (one is supplied for the odd day if forgotten by the child) and every child can be inspected from head to foot with confidence.

"The second bi-monthly circular dealt with the next step in the Health Education programme, the securing of a serious attitude in parent and child on the care of the teeth. Toothbrushes were shown at

the school, and were also bought from the school for 2d. (Bought by the school wholesale at 2s. 6d. per dozen.)

Co-operation with School Medical Service

"The Senior Medical Officer was interviewed by the Head Master and the special needs of the district were emphasised. This year 97 per cent. of the children recommended for dental treatment accepted. (The average acceptance for the city is, it is understood, about 50 per cent.)

"The school co-operates wholeheartedly with the Authority's medical service. Notes are taken of all cases recommended for treatment by the medical officer. There is a weekly check on all who should be wearing glasses and on those recommended for adenoid and tonsil treatment, and parents are interviewed by the head master to facilitate their approach to the medical officer.

Health Training in School.

"Side by side with the individual inspections, Hygiene lessons on the simple rules of health—on the lines of the Board of Education Handbook of Suggestions on Health Education—were put on the time table. (The Handbook has proved of great value here in stimulating and guiding young teachers.) No untidy child is allowed to sit in the classroom. The school rule is:—

> "'To the blacking-box and clean your shoes.
> To the wash-basin for a wash and brush up.
> To the cloakroom and brush your clothes.'

Soap, nail-brushes, mirrors, boot and clothes brushes are provided. Nose-breathing drill is taken to counteract the mouth-breathing habit. Towels are changed daily. Credits in the House system are given for appearance, posture and carriage. On wet days care is taken in seeing the children change into dry pumps; raincoats are taken home each night; 'sunshine' play-periods make up for games periods lost in bad weather. Posters depicting healthy children and illustrating healthy habits are displayed and are continuously changed. In winter delicate girls and boys are encouraged to bring loose pull-overs which are hung on small hooks near the classroom door and slipped on before going out into the yard with its 20 degrees drop in temperature. On the recommendation of the medical officer, long stockings are insisted on for girls from October to April. The head master buys stockings wholesale at 12s. 11d. per dozen and these are sold at 10d. per pair.

"Establishment of a Free Meals Centre in the School. The benefits of regular daily milk as a food for children were emphasised in circular letters to the parents until the habit of taking milk daily at school was firmly established. To-day 380 children out of a roll of 400 take milk regularly; 62 have milk both morning and afternoon. **Milk and Free Meals.**

"In consultation with the school medical officer a series of corrective and abdominal exercises were drawn up; all the children are exercised in the open air on fine mornings from 9 to 9.15. The boys are taken in one group and the girls in another. Horizontal position exercises are taken on plyboard stretchers and a display is given before the parents each summer. The physical training course includes regular lessons from the Board's syllabus, games, both during and after school hours, dancing and swimming. **Exercises.**

"The outstanding achievements of the school in practical health education could not have been made without close and effective co-operation between the school and the parents. This co-operation is secured in the following ways:— **Co-operation with the Parents.**

"(1) The Head Master circulates a monthly or bi-monthly letter to every parent.

"(2) The school is always open to parents. They are frequently reminded of this in the letters. Parents are interviewed daily from 4 to 5.30 p.m.

"(3) There are a number of Open Days—and parents often accept invitations to Morning Service (attended by the lower half of the school one day and the upper half the next, so there is always room for parents), lantern lectures, music hours, drama festivals (twice a year—350 parents were present at the Festival in May this year), and physical training exhibitions.

"(4) Other activities in which parents co-operate are: The School Saving Society; Collections for Dr. Barnardo's Homes, and for Disabled Soldiers and Sailors; Boot Club; the Summer Camp in the Isle of Man; Adoption of Children for Milk Meals; and the Collection and Distribution of clothing.

"Clearly, Health Education is given a very prominent place in the life of this school. The occasional visitor cannot fully estimate the **Conclusion.**

full extent of its influence, but the marked improvement in the pupils' personal cleanliness and their general spirit of vitality are obvious. The numerous letters of appreciation sent by the parents show that they are alive to the value of the work which the school and the Medical Service are doing.

"The re-housing of the people on the scale on which it has been undertaken in Liverpool presents many problems; if their new surroundings are to bring to the people the improvements in habits and outlook and in the prospects of the next generation which it is universally hoped they will bring, such work as has been described here is clearly social work of high value, indeed it may, without any exaggeration, be called essential. The results achieved here are not achieved without hard work and co-operation between all concerned, and it is in the belief that these results and the methods used here deserve to be more widely known that this report has been written.

"It should be added that the ordinary work of the school, on which a separate report is being made, in no way suffers from the very full attention given to health education."